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THE TIMES AND REGISTER.

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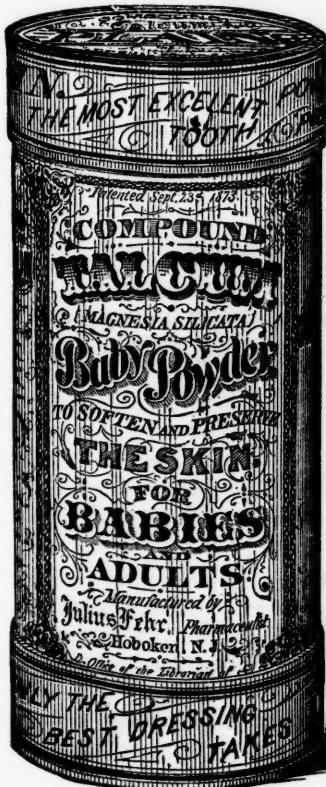
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Notes and Items.

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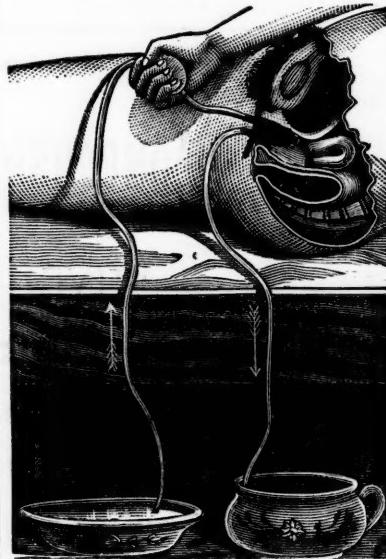
THE spring is here in glory
And the wild flowers deck the plain,
And the old delightful story
Is told in Lover's Lane,
Where Corydon, just after dark,
Is seen with charming Phyllis,
And love is in their hearts at work,
And in their lungs bacillus.

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on page ix.

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1876/1877

Reed & Carnick
New York

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Clinical Lecture.

POST-MORTEM SPECIMENS OF HEPATIC ABSCESS.¹

By J. B. WALKER, M.D.

LADIES AND GENTLEMEN:—The first matter with which I shall attempt to entertain you is the result of an autopsy of a patient who had been in the hospital but four days before death. He was seventy-nine years of age; a native of Virginia, whose father died of congestive chills. Ten years ago he had bilious remittent fever.

On admission he had vomiting, pains in the hepatic zone, loss of appetite, and great weakness, which was progressive.

Five months ago he had indulged in a hard "drinking bout."

On admission my resident, Dr. Rhein, makes the following record of his condition:

"Heart and lungs, normal; liver, markedly enlarged, but outline not recorded; had had constipation for the past five weeks; there was distinct jaundice; tongue, heavily coated; there was tympanitis, and vomiting of coffee-ground material. The temperature, on admission, was 100° (F); but gradually fell each day, in three days reaching the normal."

We had here, then, a painful enlargement of the liver with febrile disturbance, following in the wake of intemperate habits and malarial saturation, which had induced at least one attack of full-fledged and severe remittent fever.

I did not see the case myself during life; but had I seen it, it would have been my endeavor to decide the nature of the malady by a study of the case after this fashion.

The painful enlargements of the liver likely to occur in such a case are, hepatic catarrh, congestion, hepatitis, hepatic abscess (single and multiple), tuberculosis, carcinomatous, and syphilitic gummata.

In catarrh the enlargement is moderate, as is the pain and tenderness, except the cause is a calculus, passing or passed with great difficulty.

In hepatic congestion and hepatitis the enlargement is greater, and in the latter the pain and tenderness are usually excessive. The enlargement is usually uniform. If abscess occurs, the pain usually increases, and the fever usually becomes markedly irregular, running high and low, and presenting a marked zig-zag as studied on the chart. Such a zig-zag temperature is very suggestive of sepsis from some concealed pus collection, and, with hepatic tenderness and enlargement, is enough to warrant exploratory puncture with aspirating needle into the liver substance in search of the collection.

The patient from whom these specimens were taken did not have such a temperature, and, as I show you his chart, you note the absence of a high temperature and the insignificance of the zig-zag; or, in other words, the absence of great range of temperature. The chart certainly does not suggest sepsis. But the time of observation before death was too short for service.

In abscess, also, the irregularity of the enlargement is usually a marked feature. This is the more evident to the examiner when the abscess is near the surface. On examining the liver here we find the abscess to have been a large single one, whose swelling must have projected chiefly downward and backward, and as it does not reach to within two inches of the lower border of the liver, it may not have been palpable even by the most dexterous manipulation; but the concave upper, or diaphragmatic surface, would have been rendered more convex or bulging from the direct and indirect press-

¹ Clinic at Philadelphia Hospital, May 13, 1891.

ure of the pus, and so an abscess should have been suggested, and an exploratory puncture would have found it, I am sure.

Now, examining this abscess cavity, you see it is a large one on the under surface of the gland, at least four inches in its diameter, with rough, irregular walls, and trabeculae of altered blood-vessels or ducts crossing its cavity. But a thin layer of liver lies beneath it; while, overlying it, the thick mass would have defied all efforts to secure fluctuation. The abscess is confined to the right lobe.

There were no intestinal lesions to account for the existence of the abscess.

The absence of nodulation, easily palpable where the liver is below the costal border, and the presence of fever would have excluded the more slowly developing carcinomata nodules although in that disease the temperature sometimes rises above normal.

Original Articles.

"SOFTENING OF THE BRAIN."

By S. V. CLEVENGER, M.D.,

Secretary and Fellow of the Chicago Academy of Medicine, Formerly Pathologist County Insane Asylum, Chicago, etc.

IT is a common experience for physicians connected with insane asylums to have every conceivable form of insanity sent to them as "softening of the brain," and the cause of this prevalent ignorance is no exception to the universal rule that there is a reason for everything.

In the first place, the brain being the acknowledged seat of the intellect, "softening" of one, in the popular estimation, should appropriately be associated with a like condition of the other, and thus fact and metaphor become mixed; and this misuse of terms too often has the sanction of the old family doctor, who sees a case or two of insanity during his lifetime. Imagine the disgust of this same honest old physician if some professional brother were to use the word "dropsy" in its lay sense, as satisfactorily accounting for any one of the many diseases of which it is a termination or symptom. Yet, there is far greater justification for the use of the word "dropsy" as an omnibus, because it describes an actual, objective condition, which no one informed in cerebral pathology would claim similarly to be the case in insanity; either as a cause, or a result of the causes of, the mental ailment.

Coupled with this convenience of the term for those who vaguely regard the brain as a mass of fatty substance enclosed in a bony box, there is a traditional warrant for "softening of the brain" dating from the time when arteries were so named because they were supposed to contain air, and handed down with the expression, "blue blood in his veins."

In remote ages the devil was regarded as responsible for all ailments whatsoever, precisely as our Indians of to-day preserve that belief as a survival from the ideas of our common primitive ancestry. Physical causes for ordinary bodily troubles were acknowledged as sufficient explanations centuries before diabolism dared to be questioned in connection with "spiritual" maladies; and considering the ages usually required to educate "*homo sapiens*," out of fetishism we really should congratulate ourselves that such an expression as "softening of the brain" exists to foster the conception among the *hoi polloi* that insanity is any kind of a cerebral disease.

To be "wounded unto death" was all the olden leech cared to know was the condition of his patient, and the pathology, diagnosis, and prognosis were combined in those words, as sagely as the therapeusis of the time required the sword that caused the wound to be anointed.

When the human intellect had advanced to the idea that there were different kinds of sicknesses, the great distinction was made between insanity and lunacy in the assertion that the moon's phases controlled the last named, thus relieving the devil of part of the odium, until the introduction of "softening of the brain" transferred the entire responsibility.

But terms often outlive their usefulness and become positively obstructive to the spread of knowledge, and in the matter under discussion we have an instance.

Many physicians in general practice and specialists in other than alienistic fields, all of whom may be excellently educated men in other respects, are unaware of the advances psychiatry has made in the last half century, but opportunities for informing themselves are increasing, and "Spitzka's Manual" is now as indispensable as "Niemeyer's Practice," whether the library is overstocked or contains but an armful of books. And in this "Treatise on Insanity" by Spitzka "softening of the brain" will not be found in the index, and is mentioned but once in the book, on p. 194, in connection with paretic dementia: "Quackery treats this disease as brain softening." He did not consider it necessary to allude to the popular use of the words.

Early in this century a scientific nomenclature was used in European asylums to the exclusion of expressions in common use, notwithstanding the fact that to within recent years the German alienist occasionally catered to the vernacular to the extent of using "*Gehirnerweichung der Irren*," for which paretic dementia was the exact equivalent, and the name did not embrace everything else, though "*Größenwahn*" did erroneously include monomania and paretic dementia, or grandiose insanities generally. The French rather uniformly restricted "*ramollissement*" to the pathological condition. English alienists, as a rule, were not behind their Continental colleagues, but several writers, who undertook to instruct practitioners in general, were unfortunate enough to perpetrate the error.

Just as in schools we find some excellent and some very indifferent teachers, so in every cyclopædia there are first-class articles written by authors who are masters of their subjects, sandwiched between inferior essays.

In 1866, Reynolds and Bastian published in "Reynolds' System of Medicine," Vol. I, p. 856, a dissertation upon Softening of the Brain. The subsequent editions did not change the text, and the foot-notes contain references to writings of the earlier part of this century, and nothing later than 1867 is quoted. In the main this article embodies the information and misinformation of thirty years ago. Great advances in special knowledge have been made since that time, particularly with regard to the brain and its functions, and it is now known that the same symptoms, described under that head, may occur where there is no softening of the brain at all, or in very many differing conditions, such as are induced by atherosomatous arteries, aneurisms, syphilis, meningal disease, tumors, embolisms, thromboses, extravasations, etc., depending upon what part of the brain is diseased, and the degree of the damage.

Robert T. Eedes, in "Pepper's System of Medicine," Vol. V., p. 989, briefly reviews the present status of softening of the brain, by stating that it "is a name which it is yet too early to omit altogether from a systematic work, although in treating of it we have more to do with nomenclature and classification than with pathological anatomy. The phrase may be said to have both an anatomical and a clinical significance, which do not coincide at all points. Clinically and among the laity it is used to express various symptoms and groups of symptoms more or less referable to the brain, some of them connected with one and some with another lesion, and many purely functional—if the word may be used—or at any rate unconnected with any known or definite lesion."

"Vertigo, dull headache, sleeplessness, or, on the other hand, drowsiness, failure of memory, failure of power of concentration, of steady application, mental depression, fatigue, and even slight aphasia or actual slight hemiplegia, may any of them be considered symptoms or forerunners of softening of the brain. As nearly as anything the popular notion of this affection corresponds to general paralysis of the insane or senile dementia, or even mere exhaustion."

Eedes then goes on to state that "a general softening of the whole brain, such as seems to be the condition supposed when the phrase is used, cannot and does not exist, since a vascular lesion sufficient to cause anaemic necrosis of the whole brain must cause death long before softening would have time to take place."

Winslow, in 1866, "On the Brain and Mind," uses the words in their olden ambiguous sense, though his work is useful to day as referring to many alienistic points not touched upon by most authors.

Dickson, in 1874, "Medicine in Relation to the Mind," p. 385, says that "sometimes in the insane we find softening, and much has been made of it. It is highly probable, however, that many of the pathological conditions of the brain, found upon the *post-mortem* table in autopsies of the insane, are accidental, and particularly the condition of softening. I know of no form of insanity, for instance, which can be said to be the result of softening of the brain. I have often heard people speak of 'softening of the brain,' but I candidly confess I do not know what is meant by the expression."

Rush, "On the Diseases of the Mind," 1812, does not use "softening" to designate any form of insanity," but mentions (p. 23) that "we sometimes discover preternatural softness in the brain in persons who die of madness, similar to that which we find in other viscera from common and febrile diseases. This has been observed to occur most frequently in the liver and spleen. The brain in this case partakes of its texture and imbecility in infancy, and hence its inability to receive and modify the impressions which excite thought in the mind."

Isaac Ray, "Medical Jurisprudence of Insanity," 1838, avoids any allusion whatever to the expression under discussion, an indication of his disbelief in the association of such a pathological condition with insanity.

Niemeyer, Vol. II, p. 175, describes, in his complete and lucid way, the secondary degeneration of the brain following upon embolism, etc., the date of his first edition being 1858, and to his work and the recent publication of Strümpell, p. 698, the practitioner can refer for details as to what actually constitutes "softening." The latter mentions dementia from senile softening rather unguardedly, for the admitted arterio-sclerosis is more properly to be regarded

as the cause of both the mental and cerebral degeneration.

An embolism, a thrombus, or syphilitic degeneration of an artery, or, in fact, any condition that will cut off nutrition from a brain region, may secondarily give rise to softening, but the paralysis, speech failure, word blindness or deafness, associated with such states, are caused by the initial lesion and not by the softening, as a rule, unless the latter extends beyond its original limits, and in any event there is no justification for the vulgar use of the term "softening of the brain" in connection with insanity.

Psychiatry is a recent science, but it is fully enough developed to warrant its being taught in every medical school. The clinical features of many forms of insanity are as clearly definable as are those of the common diseases. We may with advantage look over some of these mental derangements that have been ignorantly dumped into "softening of the brain."

Idiocy.—A defective development of the brain with which softening has no more connection than it has with arrested development of any other organ.

Imbecility, and its lesser degree "feeble mindedness," are also states of arrested or perverted developments, the functional manifestations of which are less profound than in idiocy and equally unassociated with "softening."

Hebephrenia, or the insanity of puberty, is likewise an evolutionary failure, characterized by silliness and mischievousness, with occasional emotional outbursts, but there is no more "softening" about it than there would be in prolonged retention of the deciduous teeth.

Paranoia, or what was formerly mistakenly called "monomania," is similarly a developmental faultiness, resulting in logical perversion. Under this designation comes the great army of "cranks." Want of symmetry in brain shape, misplaced portions of gray matter, etc., found in this defect do not warrant its inclusion under "softening."

The mere names of such "complicating insanities," as Spitzka calls them, as *traumatic*, *choreic*, *post-febrile*, *rheumatic*, *gouty*, *phthisical*, *pellagrous*, are sufficiently etiological to defend them against being considered "softening," but unfortunately the behavior of the patient at some stages may not be furious enough to save them from the appellation.

Mania, in some of its less exuberant forms, has been pronounced a case of "softening," and the injustice of this appears when we remember that the friends of the patient regard the latter as an incurable trouble, while we are justified in holding out much hope in many cases of simple mania (which must not be confounded with the maniacal condition or, properly speaking, furor of other forms).

Melancholia agitata is often mistaken for mania because the terror in this state induces aggressive acts of self defense.

Melancholia attonita, or thunderstruck melancholia, is a terribly agonizing depression.

Simple melancholia which often ends in suicide, unexpectedly, because regarded as a "fit of the blues" from its apparent insignificance.

Nutritional disturbances are at the root of the melancholic disorders but never to the extent of "softening."

Katatonica alternates mania, melancholia and catalepsy, without demonstrable brain lesion. It is not a frequently found psychosis, but it does not escape the omnibus designation "softening." Very often this disorder, which, since Kahlbaum's description,

should be as well recognized as pneumonia, figures in our daily papers as "a wonderful mental derangement baffling all the physicians." Great contests of opinion have occurred over katatonics who have been arrested for homicide, because at some periods they appear to be sane and at others are unmistakably insane.

Transitory frenzy is not of long enough duration to be called "softening," but it has often been mistaken for delirium tremens or epileptic furor, or denied altogether as real, if crime were committed during an attack.

Stuporous insanity, or what has been known in asylums as primary dementia, is such a very mushy mannered ailment, in that the patient vegetates rather than has animal existence, the title "softening" is more than liable to be applied, until the sudden recovery that follows discomfits the diagnosis.

Confusional insanity is to mania what stuporous insanity is to melancholia. It also rapidly ends in recovery, and probably it will be acknowledged that "softening" is too destructive to terminate favorably.

Syphilitic dementia has peculiar clinical phases enabling it to be often recognized as such, before determining the cause, but all this escapes the "softening" diagnostician.

Delirium grave, or acute delirious mania, is so painfully furious that "hardening" rather than "softening" would better apply metaphorically, if we must have some lay cognomen. I reported a case of this kind in the *Journal of Neurology and Psychiatry*, 1883, in which I found the brain edematous, and disintegration was so rapid *post-mortem* that but few portions of the brain could be preserved, but this was due to maceration occurring *ante-mortem*, rather than to "softening."

Alcoholic insanity, often confused with delirium tremens, usually has the cause so palpably apparent that it escapes the objectionable title, and all the more readily as whiskey is known to harden the brain. The five-cent physiologies taught in a five-cent manner in common schools contain this information.

Hysterical insanity is dubbed puerperal, religious, etc., according to the most prominent circumstances or manner of exhibition attending the outbreak, and so it usually, but not invariably, escapes the misnomer.

Epileptic insanity, whether the mania is before, after, or between attacks, is seldom miscalled, unless the masked variety is the form.

Terminal dementia is the asylum designation for the final stages into which all insanities sink. In the vast majority of cases that die in this stage we find atrophic, sclerosed brains, hence the "softening" of the intellect is in reality a brain *hardening*.

The remaining divisions of insanity to be mentioned are of especial medico-legal importance, and the ignorant application of the title "softening of the brain" to these has often wrought great injustice.

Paretic dementia is the "softening of the brain" *par excellence* of the populace, but its actualities are so little known to general physicians and the public, that all sort of insane misjudgment is associated with its appearance. Recently the newspapers have taken to calling it "paresis," hence the readers are alarmed over the idea that a new mental disease has appeared, and some of the popular notions concerning its cause are unique. It is a fatal disorder, running its course in three years, on the average. John McCullough's was a typical case, and it is reported that some sanitarium sage stated that he could have cured

the patient had the latter been treated soon enough. When "doctors" know nothing of a disorder, and the public even less, such statements are gulped, and earn more practice. The pathology of paretic dementia is definitely established. Sclerosis is a common feature in cortical parts.

Sometimes paretics give great annoyance to asylum officials through *habeas corpus* proceedings and court ventilations of alleged cruelties, etc. The remarkable vigor, and industry, and feverish intelligence of some of these cases win the rabble over to their views, and they are carried out of court on the shoulders of the mob, which denounces the experts, and which vanishes out of sight and hearing when time proves these experts to be right.

Not but that atrocities do exist in many political asylums; but the real wrongs escape knowledge, the real culprits are catered to, while appearances are too often turned against the honest and kindly administration.

As Herbert Spencer says, the untrained imagine that they *must* have an opinion ready upon every possible subject, and it is rare to hear the frank admission "I don't know" from those who really do not know. Every one knows apparently what "softening of the brain" is, and when insanity does not come up to their inspired notions of what it should be, the well intentioned lashes himself into indignation over wrongs that do not exist, and derides the possibility of the existence of those that are well-known as flagrant actualities. The enthusiasm of the young alienist who intends to reform the world gives way to dejected hopelessness and apathy. "The gods themselves strive in vain against ignorance."

Frank Collier, an attorney of Chicago, has been furnishing newspaper sensations for the past few years, often posing satisfactorily as a much martyred man, till the insanity became so very, very evident that there came a great hush over the persecutions, and small paragraphs noted the last assault or maniacal fury instead of the columns of abuse of experts.

After an address to a public meeting, concerning the brutalities at our county insane asylum, a lady said, "Doctor, you occasionally mentioned paretic dementia, I never heard of the disease before, what is it?" To save a lengthy discourse I replied that it was what had often been called "softening of the brain." "Oh!" she ejaculated, and sat down, convinced that she now understood it, and a little disgusted at the tendency doctors have to use unheard of names. I was once reproved by a country dame for speaking of perspiration when I meant sweat. "You doctors use such long names," she said.

Atheromatous insanity, so named by August Voinin ("Lecons Cliniques sur les Maladies Mentales," 1883, p. 79), in Spitzka's first edition was called "Primary Mental Deterioration," is often mistaken for paretic dementia and senile dementia, but it differs from both in its decided apathy. The recent name indicates its pathology. Of course this is a popular "softening," for business men when thus afflicted lose all ability to manage their affairs.

Senile dementia may be called a pathological exaggeration of senility, and figures in will contests wherein undue influence is sometimes alleged. Often there is paresis or paraplegia, vulgarity, irritability, great penuriousness and delusions of being robbed. Their mental failures enable designing persons to prejudice them against those to whom during sanity they were affectionately disposed. Millions of dollars have been fraudulently captured from victims of this insanity, and the court proceedings have been bungled

by want of correct information on the part of both plaintiffs and defendants. Our old chestnut "softening" has figured *ad nauseum* in these cases, and probate judges and juries might just as well have pulled straws for verdicts.

In cases of simple hemiplegia in old people, when the intellect may have been comparatively undisturbed, the pathological fact that softening of the brain really does often supervene, has been taken advantage of or confused with the popular idea of the condition, to the prejudice of justice, aiding wrong conceptions, and confusing innocence.

Testamentary capacity may exist in spite of right-sided hemiplegia with aphasia, but the instant the admission is made that softening may follow upon the extravasation, or embolism that caused the apoplexy, the judge and jury receive an erroneous impression that may wreck a home, defraud widows and orphans, and divert fortunes from the direction intended by the testator.

Society Notes.

INDIANA STATE MEDICAL SOCIETY.

SOME FALLACIES IN GYNECOLOGY

WAS the subject of an able paper read by DR. FRANK C. FERGUSON, at the forty-second meeting of the Indiana State Medical Society at Indianapolis, June 10, 1891. He said that twenty-five years ago gynecology was in a crude and chaotic state, there were a hundred fallacies to one well-authenticated fact. Sims, in our own country, Baker-Brown, in England, and Simon, of Germany, laid the foundation upon which has been built the rational and scientific treatment of diseases peculiar to women, but the fallacies which were once taught as facts, have taken such deep root in both the professional and non-professional mind, that many physicians have failed to appreciate or adopt the modern advances in gynecology, which have exploded much of the pathology of the writers of former years.

The pessary fallacy is a most pernicious one. An era of pessary invention was ushered in by Prof. Hodge, who adopted the theory that displacements of the uterus were the cause of almost all uterine ailments, and who introduced the treatment by mechanical appliances. The pessary craze still has a firm hold, not only upon women, but clings tenaciously to the majority of the profession. There are some cases where well-adjusted pessary serves a good purpose as an adjunct to the cure or promoter of the comfort of the patient, but the indiscriminate, unscientific, and, perhaps, criminal use of passaries by amateur gynecologists, and physicians experienced in general practice, but unskilled in gynecology, is only mentioned to be condemned in the strongest terms.

Another fallacy is "the ulceration of the os" fallacy. However much our predecessors may have been justified in calling "ulceration," that characteristic affection of the uterus now known as "laceration," there can be no excuse to-day for the perpetuation of this erroneous idea.

Another fallacy is, that laceration of the cervix necessarily requires an operation for its cure. While I believe that Lawson Tait has gone too far in denouncing Emmet's operation as one of the most useless ever invented, my own experience has taught me that the great majority of cases of laceration of

the cervix can be cured without subjecting the victims to a dangerous operation and inconvenience of enforced confinement in bed for weeks. What is there in the anatomical structure of the cervix that can prevent nature from promptly healing it, provided there be not an acrid discharge pouring over the torn surface. During the past year I have operated upon but one case of laceration of the cervix, and have cured a dozen cases without operation.

A wide spread fallacy among physicians, and entertained almost universally among women, is that the "change of life" is necessarily a period of peculiar peril and intense suffering. Nothing could be further from the truth, and more harmful in its results. If a woman has good health and no organic disease of the reproductive organs, she will suffer nothing more at this period than slight nervous symptoms, such as flushes, slight headache, etc., the result of vaso-motor disturbances. If she has pain or hemorrhage, or profuse leucorrhœa, singly or combined, it is almost certain she is afflicted with organic disease as cancer, fibroid tumor, endometritis, salpingitis, or ovaritis. During the past year four women who had been under the care of excellent general practitioners for "change of life" have consulted me, and each one was found to have cancer of the cervix uteri in an advanced stage. Three of these are now in their graves. It is a fearful thing for a physician to assume to know what he does not, and through the egotism of ignorance becomes responsible for the death of a confiding and trusting woman.

A fallacy of firm hold in the minds of many is, that pruritus vulvæ is frequently a neurosis—that is to say, that it is of centric origin without any lesions of structure, or accompanying affections to account for it. Where uncleanly habits of the patients are not the cause, the trouble can be traced to some disease existing in the vagina, the uterus, or the bladder. There are many other fallacies which time forbids to mention.

The meeting was largely attended, two hundred and fifty physicians being present. The reports of the Secretary, Dr. E. S. Elder; Treasurer, Dr. Frank C. Ferguson, and the Committee on Necrology, Dr. J. E. Hibberd, Richmond, occupied a large part of the morning session, the first day.

The Alumni of the Medical College of Indiana, celebrated the twenty-first year of its existence by a banquet at the Dennison House Wednesday evening. More than two hundred of the members were present, and the occasion was highly enjoyable, both by the rich viands and the feast of reason and flow of wit which enlivened the wee sma' hours.

The officers for the coming year are: President, Dr. Edwin Walker, Evansville; Vice-President, Dr. Erwin Wright, Huntington; Secretary, Dr. E. S. Elder, Indianapolis; Assistant-Secretary, Dr. T. A. Kennedy, Shelbyville; Treasurer, Dr. J. O. Stiltsee, Indianapolis. Dr. Edwin Walker, the President, is the youngest man elected to that position for many years.

DR. THEODORE POTTER made an interesting report on

BACTERIOLOGICAL INVESTIGATIONS.

In the course of which he said, there is a growing belief that the older ideas of heredity are exaggerated; that disease is to be looked upon as an infection rather than an inheritance; that it is comparatively rarely transmitted from parent to child in course of nature. Yet, he added, the doctrine of heredity is

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by no means overthrown, and we must still wait for the whole truth.

DR. J. W. MILLIGAN, of Indianapolis, read a paper on

ANTISEPTIC METHODS APPLIED TO OBSTETRICS.

This was thoroughly discussed, and soap and water received the most commendations as the most efficient disinfectant. Puerperal fever has existed for two hundred years, and it is time it is disappearing.

DR. C. MORRIS, of Rockville, read a paper on

THE SALICYLIC TREATMENT TYPHOID FEVER.

He said that salicylate of soda is an acknowledged germicide, and there is every reason for its use in typhoid and kindred diseases.

DR. J. A. SUTCLIFFE, of Indianapolis, had an interesting paper on

PERINEAL SECTION,

with a number of descriptive cases. Following this DR. C. H. SMITH, of Lebanon, treated of

ABORTION.

He spoke of those cases occasioned by accident or disease, and laid great stress on the patient having absolute physical and mental rest, and then relief from pain.

DR. OWEN:

WHAT SHOULD BE THE RELATION OF CONTRACT CORPORATION SURGEONS TO THE MEDICAL PROFESSION?

The subject was referred to a committee consisting of Drs. Owen, Hibberd and Sutcliffe, with instructions to report before the close of the meeting.

DR. M. F. PORTER, of Ft. Wayne, read a paper on

REPORT OF A CASE OF SARCOMA OF THE OVARY, OPERATION AND RECOVERY.

After this came a paper by DR. F. C. FERGUSON, of Indianapolis on

SOME FALLACIES IN GYNECOLOGY.

The topic

DIPHTHERIA

was handled by DR. W. A. MCCOY, of Madison, and the venerable Dr. Lomax said he had come across the term diphtherite in the beginning of his practice fifty-four years ago, and the disease soon after, hence it was not a product of modern civilization as sometimes supposed.

The address of the President, DR. GONZALVA C. SMYTHE, of Greencastle, on

THE INFLUENCE OF HEREDITY IN PRODUCING DISEASE AND DEGENERACY, AND ITS REMEDIES

was a very able one. He showed what might be determined from the standpoint of the biologist, and spoke of inebriety as a physical disease which may be inherited, the children of inebriates becoming perhaps epileptic, insane, or criminals. In a large proportion of cases the third and fourth generations from drunkards are criminals or paupers. He said the profession was face to face with one of the greatest problems in sociology which confront the present day. It is its duty to open up the way so the religious and civil authorities can follow. He proposed for the government to take the matter in hand, and

only admit those emigrants who can furnish a consular certificate that neither tuberculosis, scrofula, cancer, insanity, inebriety, crime or pauperism is hereditary in the families from which they sprung. It is a comparatively easy matter for the government to exclude from admission any more of these people thus diseased, but how to dispose of the stock now on hand will tax the best minds of the country. The State interposes no objection to the marriage and multiplication of these people. She licenses and legalizes a traffic which largely contributes to their propagation, and the influence of which will be handed down to posterity. It is the duty of the government, as a sanitary measure, to assume entire control of the manufacture and sale of alcohol. Every attribute of the human family might be improved, and new ones be possibly developed were science brought to the aid of sentiment in mating the sexes.

The first paper of the second day's session was by DR. A. B. RICHARDSON, of Cincinnati, on

HYSTERIA.

The manifestations of the disease he called "fugacious," and compared it to the cuckoo building no nest of its own, but steals into those prepared by other physiological processes.

DR. J. R. WEIST, of Richmond, reported the lamentable failure of the two bills before the last Congress in which this society had special interest. One of these was to protect physicians, editors and others against speculative lawsuits, the other for the regulation of expert medical testimony in court.

DR. A. W. BRAYTON, of Indianapolis, presented a girl, fourteen years old, afflicted with the extremely rare disease of the skin known as xeroderma pigmentosum, Kaposi's disease. This is the only case ever known in the Mississippi Valley, and the eleventh in the United States.

DR. G. W. McCASKEY read a paper on SOME NEEDED MEDICAL LEGISLATION.

Following this came a paper by DR. S. M. VORIS, of Columbus, on

LACERATIONS OF THE PERINEUM,

and one by DR. G. W. VERNON, of Indianapolis, on

VULVO VAGINITIS IN CHILDREN.

At the afternoon session papers were read by Drs. F. C. Woodburn, of Indianapolis, on Valvular Heart Disease; S. C. Evans, Union City, on Nasal and Naso-pharyngeal Reflexes; H. McCullough, Ft. Wayne, on Functional Aphonia; C. L. Thomas, Logansport, on Cataract, With or Without Iridectomy; Norman Teal, Kendallville, on Health and Vital Statistics; S. W. Gould, Argos, on Opium and Its Preparations; M. F. Johnson, Richmond, on Angina Pectoris.

When the last paper was read, President Smythe came forward and presented the newly elected President, Dr. Edwin Walker, to the convention. When the applause which greeted the presentation had subsided, Dr. Walker made a short address, and the Society adjourned to meet on the second Thursday in May, 1892.

DR. EDWIN WALKER, of Evansville, Indiana, read a paper before the Indiana State Medical Society on

ONE PHASE OF PUERPERAL SEPSIS.

The following is a short abstract: Midwives furnish most of the cases of puerperal fever. The intelligent

physician who applies modern principles rarely has one. Puerperal sepsis is the result of the introduction into the genitals of a specific poison. This may enter the circulation by lacerations or extend to uterus, tubes or peritoneum. The first thing is to determine the location of the poison and to remove when possible.

The special class of cases referred to in this paper is that in which the morbid material forms a focus of inflammation involving the tubes and peritoneum.

The tumor found in such patients is composed of tube, enlarged and inflamed adherent intestine and often pus. Three cases were reported in which laparotomy was done, the diseased focus removed and recovery followed in all. These are the class of cases formerly regarded as cellulitis, and although most of them recover, it is by a long and tedious course, and many become invalids. A case was cited which lay for twelve weeks with fever, a tumor was present. This was five years ago, and an operation was not done. Recovery was tedious. An early operation would have saved much suffering, and the patient would be in better health now.

The rule in all cases of puerperal sepsis where fever continues and tumor is found, is to remove it by laparotomy. With proper precautions the mortality would be less than by the expectant plan and the recovery more rapid and complete.

The election of DR. WALKER, of Evansville, was an honor to him, to his city, and to the young men who supported him so faithfully. He is by many years the youngest man elected to the highest office in the power of the medical profession of Indiana to give. The young men feel it incumbent on themselves to see that the next year in the history of the Indiana State Medical Society be a memorable one, and that the meeting exceed all others. The indications are that the object undertaken will be accomplished. Dr. Walker's many friends over the State and in other States are covering him with congratulations.

OHIO STATE MEDICAL SOCIETY.

The Forty-second Annual Session was held at Sandusky, June 17-19, 1891.

DR. W. J. CONKLIN, of Dayton, Presided, and DR. J. A. CALLAMORE was Secretary.

DR. WILLIAM THOMAS CORLETT, of Cleveland, Ohio, read a paper entitled,

NOTES ON THE TREATMENT OF SYPHILIS, ITS EVOLUTION AND PRESENT STATUS.

The author went into the history of syphilis and its treatment from the time of Moses, through the centuries, to the present day. He finds that mercury in some form has had more ardent advocates than all other treatments. It is the only known drug which possesses any curative influence on the disease. The virus may be eliminated by the natural eliminative forces of the body in from one to thirty years, but under the use of mercury its manifestations become infrequent, and finally the organism becomes free from the morbid influence. Authorities differ as to when it is best to begin the use of mercury, but doubtless the best course is to begin as soon as the diagnosis of syphilis is made. The special form of mercury depends upon the individual case, but generally speaking the protosalts are preferred to the bisalts at the beginning—as calomel, mercury with chalk, the blue pill either alone or combined with

iron. A fertile source of error is the substituting of the iodine compounds for mercury. Good results will follow the mixed treatment, late in the course of the disease, of iodine and the protosalts of mercury. Iodine should be discontinued as soon as practicable, although mercury should be given at intervals for one or two years after all manifestations have disappeared.

The author has encountered three cases in young robust subjects over which mercury had no specific influence. The disease finally yielded to $\frac{1}{10}$ grain doses of the chloride of gold and sodium, taken from four to six times daily. As aids to the treatment, the use of tobacco should be avoided, and a special course of living best suited to regulate his physical welfare should govern the patient. The Hot Springs of Arkansas are much frequented by those who think to have the disease "boiled out" of them, but it is quite generally recognized by syphilographers that the waters have no specific effect on syphilis, and in some instances the best physicians there have advised against their use.

A CASE OF DROPSICAL DISTENTION OF DOUGLAS' CUL-DE-SAC

was reported by DR. J. F. BALDWIN, of Columbus. The distention was very great, producing a tumor that projected at the vulva as large as a cocoanut. It had existed for two years, and was a source of great annoyance and distress. On lying down, or on pressure, the contents, which consisted wholly of serum, would pass into the abdominal cavity, and the tumor would disappear. A tumor as large as an orange existed on each side of the womb, and it was supposed that the dropsical effusion was due to the pressure of these tumors on the veins of the broad ligaments. As the patient would not consent to the removal of these growths, a less radical operation was decided upon. An incision was made through the vaginal wall into the cavity of the sac, the contents allowed to escape, and the pelvic cavity explored by passing the finger through this incision. It was then ascertained that one of the tumors was a cyst of the broad ligament and the other a cyst of the ovary, with such adhesions that the opening between the general peritoneal cavity and Douglas' sac would barely admit the passage of the examining finger. It was decided to attempt to secure obliteration of the sac, and its inner surface was accordingly wiped over with a $\frac{1}{1000}$ solution of corrosive sublimate. A local peritonitis ensued, as was expected, and the result was a complete cure. So far as the operator could ascertain, the case was a unique one, and none of the members present could throw any light upon it.

TESTS FOR ALBUMEN

was the title of a paper read by DR. WILLIAM B. DAVIS, of Cincinnati. He said among the equipments required of the physician of to-day is that of making a thorough examination of the urine. In the United States albuminuria has been found to prevail in from 10 to 20 per cent. of all persons examined, in Great Britain and Europe larger percentages have been found; Prof. Grainger Stewart having demonstrated its presence in nearly one-third of the population. Prof. Senator, of Berlin, states in his recent work, that 41 out of every 100 healthy individuals, particularly soldiers, have albuminaria.

Of late years there has been a great multiplication of tests for the discovery of albumen in the urine. Posner's test, as published by Senator, in his late work is this: "Add to the filtered urine three times

its volume of alcohol or a concentrated aqueous solution of tannin, wash out the precipitate with water, and then dissolve with acetic acid, or add a large quantity of acetic acid to the urine, and then evaporate in order to concentrate the urine. In both cases in the acetic acid solution, all the tests for albumen which are not influenced by the acetic acid will give a positive result. There is no doubt that some of the tests recently introduced are useless, others misleading, and some are very difficult of application. In order that there may be uniformity in our investigations, there should be an agreement by chemists and the medical officers of life assurance companies upon certain tests for albumen in the urine which shall be recognized as standard.

DR. DAVIS here quoted a number of authorities who gave different tests for albumen, and from all the testimony he concluded that the familiar tests of heat and nitric acid were the most popular, the best and most reliable reagents for the detection of albumen in the urine.

Prof. Vaughan, of the University of Michigan, wrote him that he thought the only tests which distinguished the albumens from the albumoses and peptones, were the nitric acid and heat tests, the nitric acid contact test and acetic acid and potassium ferrocyanide test.

The author concludes, however, that the refinement of our chemical tests, and the fact that some of them give reactions with other proteid than serum albumen, do not account for the wide discrepancy between the American and Continental reports of the prevalence of albuminuria in persons otherwise healthy.

DR. J. C. REEVES, of Dayton, read a paper upon the

A. C. E. MIXTURE.

He found justification in further study of anaesthetics in the wide difference of opinion as to which is the best agent, and in the fact of accidents with both chloroform and ether. The origin of the A. C. E. was with Dr. Hailey, of London, and it was strongly recommended by the chloroform committee of the Royal Medico-Chirurgical Society of London in 1864. Since that year the author of the paper had used it with all sorts of patients, in all kinds of operations, almost exclusively as an anaesthetic except in obstetrics and for young children. Was the alcohol of the mixture of any value? This is answered decidedly in the affirmative upon chemical grounds, the union is a chemical combination, not a simple mixture. This annulled one of the most frequent objections to the mixture, viz.: the different rate of evaporation of the ingredients. Other objections were considered, and special attention given to the physiological experiments of Dr. A. B. Watson, which showed results adverse to the mixture. Accidents from the A. C. E. mixture were studied, there had been three deaths, and a number of cases in which dangerous symptoms were manifested, of the latter the author had met with three in his own practice, covering a period of twenty-six years, but the mixture was not presented as an absolutely safe anaesthetic, for such a thing does not exist. Finally, with a due appreciation of the insignificance of the value of any individual experience with anaesthetics, the author expresses his strong conviction of the advantages of the mixture as compared with either of the leading anaesthetics, its greater promptness, its lesser unpleasantness, and its greater safety as against chloroform.

DR. W. G. SCOTT, Cleveland, queried if persons affected with kidney trouble did not do badly under ether.

DR. McCURDY, of Youngstown, had used all the anaesthetic mixtures and had no accident. He likes to use the A. C. E., and has had more nearly fatal accidents from ether than anything else.

DR. R. HARVEY REED, of Mansfield, is afraid of chloroform every time he gives it, though he likes it every other way. He related his experiments on the lower animals and discussed apparatus.

DR. H. J. HERRICK, of Cleveland, said we have many varied conditions which all demand consideration. The patient and his condition on the mixture and the method of administration.

DR. X. C. SCOTT, Cleveland, said that "we have in A. C. E. two gases, one heavy and one light. We have no assurances of how much of each our patient is getting. I have abandoned all anaesthetics except chloroform. I always give whiskey some time before giving the anaesthetic."

DR. F. C. LARIMORE, of Mt. Vernon, believes in straight ether and straight chloroform. Children under ten, chloroform; over ten, ether. It is very important to have the confidence of the patient.

DR. S. S. THORN, Toledo. As for me and my house we will use the A. C. E. I never saw an evil effect from its use.

DR. J. H. BALDWIN, of Columbus, reported

A DEATH FROM CHLOROFORM,

which occurred after the cessation of the administration four minutes. She was inverted, artificial respiration was used, and the heart was stimulated by pricking it with a hypodermic needle. "I have used chloroform in most cases, but shall not use it as confidently as before. I have used the A. C. E. and shall use it in the future. I do not think children possess that immunity from chloroform as generally believed."

DR. T. A. REAMY, of Cincinnati, was surprised that gentlemen would use a mixture of anaesthetics and run the risk of both. "I gave chloroform for years in a large number of cases and never had a death. I never saw a death from chloroform, ether or A. C. E. I would give ether unless there is some trouble with the bronchial mucous membrane or other mucous membrane. I can put the patient profoundly under the influence of ether in four minutes. Why not give chloroform? It is not as safe as ether, that is all there is of it. Alcohol has the same effect as chloroform. I have found the effect of digitalis on the heart magical."

DR. J. C. REEVE, of Dayton, warned the gentlemen against the use of vitalized air which had been brought into the discussion. "It is nothing but chloroform diluted with air and perfumed. I have made careful clinical studies of every case which proved fatal since the use of anaesthetics. That children are safe against chloroform is a delusion and a snare. I do not believe that A. C. E. evaporates differently; ether first then the chloroform. We want further investigations. I have no faith in the action of digitalis in heart failure from chloroform, it is all right in theory but you cannot get its action in time."

Three cases showing

UNUSUAL DIFFICULTIES OF DIAGNOSING ABDOMINAL TUMORS

were reported by DR. T. A. REAMY, of Cincinnati. The cases were of very great interest, and were selected

from a large number on which the doctor had recently operated, which showed the great difficulty of accurately diagnosing abdominal tumors. He thought an injustice was frequently done doctors, who were previously in charge of cases operated on, the operator not finding the conditions present said to exist by the former physician in charge. These conditions are not always easy to determine accurately, and then, too, they sometimes change with changing years.

THE OPERATIVE TREATMENT OF UTERINE CANCER

was the subject of a paper by DR. D. TODD GILLIAM, of Columbus. He considered the two operations total extirpation and high amputation, favoring the latter.

SALPINGITIS, WITH REPORT OF TWO CASES,

was the title of a paper by DR. A. B. WALKER, of Canton. Two cases were reported. Operations were strictly aseptic, and no chemicals were used in the abdomen. He believes that the early treatment of endometritis would in many cases prevent the formation of salpingitis. Gonorrhœa in women becomes a matter of considerable importance in view of its sequences.

DR. EDWIN RICKETTS discussed the paper.

Papers were read by C. W. Tangeman, Cincinnati, on Convergent Squint and its Treatment; Dr. A. B. Thrasher, of Cincinnati, on Papilloma of the Larynx with case; Dr. C. N. Smith, of Toledo, Gonorrhœa in Women; Dr. A. B. Richardson, Cincinnati, Home vs. Hospital, Treatment of the Insane, Influenza; D. N. Kingsman, Columbus, Convergent Squint and its Cure; Dr. C. W. Tangeman, Cincinnati, The Value of Drainage in Cases of Bleeding after Laparotomy; Dr. M. Stamm, Fremont, Compound Ganglion, Treatment by Operation; C. S. Hamilton, Columbus, Hernia; Dudley P. Allen, Cleveland, and others.

The matter of contract railroad surgeons was brought up, referred from the American Medical Association, and referred to a committee of five. The resolution making the members of auxiliary societies, that is county and district societies, members of the State society, as Indiana and other States have done, very much improving their membership was, after some discussion, passed. The business of the society is to be done by the delegates, and all members who are now members are not to be affected by this change *i. e.*, deprived of the right of suffrage.

The Committee to get a Law Passed by the Legislature for the Protection of Physicians, reported that not liking the complexion of the present legislature they had not accomplished anything.

The President's address was on

MOLIERE AND THE DOCTORS,

and consisted of matter mostly historical, enumerating numerous sayings of Moliere concerning the doctors.

THE SURGICAL TREATMENT OF CHRONIC CATARRHAL APPENDICITIS

was ably discussed by DR. R. HARVEY REED, of Mansfield. He discussed the uses of the appendix and concluded

"Everything can do something,
But pray for what use are you?"

He then paid special attention to the diagnosis. The paper was discussed by Drs. Reed, Scott, Kinsman, Ricketts, Hall, Baldwin, and Jones.

WHAT CASES SHALL BE DRAINED AFTER ABDOMINAL SECTION,

was the subject of a paper by DR. R. B. HALL, of Cincinnati. The doctor had found considerable difference in opinions and in practice. So far as he was aware he was the only one who uses universal drainage which he does now in every one of his cases. He will continue to give his patients the benefit of the doubt by continuing to drain in every case in which the peritoneal cavity has been opened; he favors the small Price tube.

DR. EDWIN RICKETTS, of Cincinnati, corroborated DR. HALL, in the use of the drainage tube in every case, though sometimes he only uses it two hours; he uses Kieth's tube.

DR. R. H. REED spoke, favoring the tube.

The paper was further discussed by DR. S. S. THORNE, of Toledo, and the discussion closed by DR. HALL, who showed sample of tubes.

Three cases of the

RADICAL CURE OF HERNIA,

were reported by DR. F. C. LARIMORE, of Mt. Vernon. He had operated after Marcy's method. He showed the kangaroo suture. He believed the radical cure of strangulated hernia was just considered one of the triumphs of surgery.

The social features of the meeting included an excursion to Cedar Point, where a dinner, concert and the President's address awaited them. An excursion to Lakeside, Kelly's Island, and Put in Bay Island was also given.

The officers chosen for the ensuing year were: President, Dr. G. A. Collamore, Toledo; First Vice-President, Dr. X. C. Scott, Cleveland; Second Vice-President, Dr. A. J. Gawne, Sandusky; Third Vice-President, Dr. A. R. Baker, Cleveland; Fourth Vice-President, Dr. F. D. Bain, Kenton; Secretary, Dr. C. A. L. Fitzpatrick, Cincinnati; Assistant Secretary, Dr. August Rhu, Marion; Treasurer and Librarian, Dr. T. W. Jones, Columbus. The following members of committee were appointed for five years: Finance, H. J. Herrick, Cleveland; Legislation, Dr. D. J. Snyder, Columbus; Ethics, Dr. S. S. Thorn, Toledo; Publication, Dr. E. S. McKee, Cincinnati; Admissions, A. F. House, Cleveland.

A telegram of sympathy was sent Mrs. Dr. A. W. Ridenour, of Massillon, whose husband, an honored member of the Society, and whose name was on the programme, lay dangerously ill.

Cincinnati was chosen as the place of the next meeting, and the date as the first Tuesday in May, 1892.

CARCINOMA A FORM OF PERVERTED NUTRITION

was the subject of a paper by DR. H. J. HERRICK, of Cleveland. He thought that in our ideas of cancer we were in error, and that we had not made progress since the days of Hippocrates. He considered the new growth to exist in the white blood corpuscles. The great mistake we make is to treat only the visible disease and not the constitution.

DR. A. R. BAKER, Cleveland, read a bill on

SOME FACTS EVERY PRACTITIONER SHOULD KNOW ABOUT SQUINT.

Is the amblyopia of the squinting eye the cause or the effect of the squint? The weight of opinion seems to be that the theory of Donders is correct.

A fact that every practitioner should know is, that most cases can be cured without an operation by the

use of most carefully fitted spectacles. As a general rule, the nearer the correction of the error of refraction is attained the better. In order to do this accurately the accommodation should be paralyzed with atropia in every case. Spectacles should always be given in preference to nose glasses. Treatment based upon the facts that the squint is due to the error of refraction, that binocular vision can be restored, and that squint can be cured without an operation has met with the most gratifying results.

In treating cases of squint the author has usually been governed by the following rules:

1. If the squint is alternating, and the vision fairly equal in both eyes, it is seldom necessary to operate.
2. If the squint is fixed in one eye, but the vision of that eye is good, the same should be instilled into the working eye occasionally, and possibly a patch kept over it, and orthopedic exercises indulged in as described by Landolt.
3. If the squint is fixed in one eye, and the sight very defective, and no improvement after patient trial with lenses and covering good eye, only a cosmetic result can be obtained, the operation should be performed any time after the sixth year.

The Polyclinic.

PHILADELPHIA HOSPITAL.

PROF. LAPLACE presented a case on which Chopart's operation for amputation of the foot had been performed, followed by a chronic ulcer in the stump. He gave, as a possible reason for the failure of the wound to heal, that the plantar artery, contained in the long plantar flap, had been cut off too short. Further, he said, always an ulceration is the result of a disturbance in the circulation. In order to have a plentiful supply of blood to the parts, the long plantar flap would be cut by transfixion, leaving the plantar artery in its integrity out to the end of the flap.

Acute pleuro pneumonia of both sides, is said very often to be one of the early signs of tuberculosis.

—Cohen.

The treatment during typhoid fever relapse should be entirely antiseptic. The fever may be relieved by sponging or spraying, but the main effort of the physician should be to keep the bowels clean, and as pure as possible under the circumstances. Small doses of calomel may be used, and, what I prefer above all other drugs, salol, or salicylate of phenol (salicylic acid 60 parts, carbolic acid 40 parts). Salol may be given in v.gr. doses four times daily, watching out for suppression or discoloration of urine, which calls for its discontinuance. The French prefer beta-naphthol with salicylate of bismuth if there is diarrhoea; salicylate of magnesium with beta-naphthol if there is constipation.—Cohen.

When we have acute gastric catarrh, followed by jaundice, we are justified in calling it a case of gastro-hepatic catarrh, if the attack has not begun with severe pain in the region of the gall-bladder, characteristic of the passage of a stone.—Walker.

Dr. Walker says: I have a patient who has passed only one gall-stone, although he has had half a dozen or a dozen attacks of gall-stone or bilious colic in the last two years. When I first saw him he had an attack of bilious colic, and I told him he was passing a

gall-stone, but it could not be found on examination. He was put upon phosphate of sodium after the acute attack, and kept on that treatment for a whole year, during which time he had but one attack of colic, when the gall-stone seemed to have escaped, because the pain subsided suddenly, and he was well. In the last six months he has had three such attacks coming on suddenly and disappearing suddenly, and I supposed each time he had voided a gall-stone which had escaped examination. However, one day I went there during a severe attack, and found his wife exceedingly joyous at having gotten a gall-stone, mulberry-like in shape and appearance. It was a very large stone, about one-third inch long and one-eighth inch thick, and without any facets, showing it to be single. I have no doubt the repeated attacks were due to the attempts of this mass to enter the common duct, and being unable to do so, passing back into the gall-bladder. It was found, when voided, in the center of a clot of blood. He had been voiding blood for some days before the attack.

In children you will frequently find the mucous membrane of the prepuce adherent to the glans penis. In these cases it is very important to break up all the adhesions, as they are one of the causes of reflex trouble in childhood, not uncommonly of convulsions. When called to attend a child in convulsions, never fail to examine the penis to see whether you have elongated prepuce, constituting phimosis, and whether you have adhesions between the glands and foreskin, which may result in reflex manifestations in the shape of convulsions.—Deaver.

In using cocaine for circumcision, constrict the base of the penis with a rubber tube, as otherwise there is danger of introducing the cocaine directly into the circulation; you may have immediate absorption of the cocaine and manifestation of its toxic effect, which will annoy the patient and the surgeon as well.

—Deaver.

Bright's disease is not a disease of the kidneys in themselves, but is really a part of a very widespread arterial degeneration in which the diagnostic symptoms are present in the kidneys.—Hughes.

In threatened scarlatinal Bright's disease, where there is high tension, the Bright's disease can be averted by lowering the tension of the arterial system.

In cases of kidney disease, to reduce arterial tension, nitroglycerine is most commonly given, until the tension is reduced or until cerebral symptoms are produced. Nitrite of amyl or nitrite of sodium are good, also aconite.—Hughes.

THERE are advantages in living under a paternal government. The Austrian Minister of the Interior has recently issued an ordinance that the burgomasters of all communes must exercise strict supervision over the medical men practising within their jurisdiction in the matter of legibility of prescriptions. They are charged to see that every prescription is clearly and legibly written in all its parts, so that there may be no doubt as to the remedy, the dose, or the signature. If the average handwriting of Austrian medical practitioners is as cryptic in its character as that of many of their brethren in this country, it is to be feared that many worthy men in the upper, not less than in the lower, professional circles will have to go to school again till they have at least learnt to sign their own names, so that they can be read without the aid of divination.

The Times and Register

A Weekly Journal of Medicine and Surgery.

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PETROLEUM PRODUCTS.

FIRST we had cosmoline; and what an improvement it was upon the preceding ointment bases. The rancid decomposing animal fats disappeared, and the new excipient—bland, inodorous, neutral, unchangeable—received the heartiest welcome. People “put on cosmoline” for about everything under the sun, using it literally for “corns and small-pox.” It cured the croup, burns, rheumatism, etc., etc.; made the hair grow again on bald heads; and altogether this waste product from the refining of coal oil assumed an importance only exceeded by the illuminant and lubricant constituents. Then came vaseline—an improvement on the first. It shared the field opened by the enterprise of the cosmoline people, with such satisfactory results that the Standard Oil Company, the reputed owners of “vaseline,” are said to have cleared a cool million out of it. But the introduction of petrolatum in the *U. S. Pharmacopæia* put an end to the monopolist profits of these corporations. When every retail druggist could supply his own coal-oil ointment bases, the market was closed to the sale of these products at fancy prices. The great manufacturers are probably able to supply the article to the retail druggist at a less cost than the latter can produce it, but the fact that he can produce it enables him to keep the price down close to the actual cost of production. This has resulted in a great saving to the community, out of the profits of these great and wealthy companies. Part of the saving has come out of the medical journals, for the advertisements of “cosmoline” have long since disappeared; and we have not seen those of “vaseline” for a long time, excepting in a homœopathic journal. And the beautiful displays of petroleum oils, shown at the medical society meetings, have simmered down until at the Reading meeting they were represented by a not overly clean boy, who distributed bits of brown paper

on which was printed a rather hysterical appeal to the physician to beware of petrolatum. The medical publisher would regretfully exclaim as he views the gaps in his advertising pages, “Gone to join the malt-extracts and the coca-wines,” were he not aware that his true interests lie with those of his readers, in the survival of the fittest, and the failure of the unfittest. For all that the most liberal expenditure of printer’s ink will do is simply to secure for an article a fair trial, for its ultimate success or failure it must rest upon its merits. This is why we are confident that the sulpho-carbolates will eventually win general recognition as the best antiseptics for the gastro-intestinal canal; though their progress is at present delayed because no great manufacturing house is interested in pushing them. Were they patented, or manufactured solely by Merck of Darmstadt, and sold at ten times their cost, they would be known all over the land, and their virtues sung in the editorial pages of every medical journal—but one.

But, in our own opinion and in that of others, the Standard has retired from the field too soon. We have not as yet run out the possibilities of the petroleum products. Indeed, the development of the germ theory offers new opportunities to these valuable agents, as excipients or as true germicides. The remarkable power of petrolatum, in checking the extension of the catarrhal process, has had no plausible explanation except as a destroyer of supposititious microbes. This opens up a wide field for the application of this agent, in catarrhs of the internal mucous membranes as well as of those more accessible to local treatment. Furthermore, as an excipient for remedies administered subcutaneously, there is room for a large increase in the use of these petroleum products. We have already called attention to the ease with which large doses of creosote can be introduced by this avenue—very much larger than by the stomach. If the purified creosote described by Catillon be substituted for that ordinarily employed, and liquid petrolatum of the purest quality be utilized as the menstruum, it is probable that the saturation of the body with this agent can be secured very easily. And if gold and iodine really render the human body unsuitable to allow of the existence of living tubercle bacilli therein, we have much faith that creosote will do as much or more.

At the last meeting of the Philadelphia County Medical Society a number of samples of petroleum products were exhibited. One of these, termed glycoline or mineral glycerine, was the most perfect liquid petrolatum we have ever examined. The name is not well selected, as the properties and uses of this substance have no relations with those of glycerine. The great reduction in price above mentioned is shown by the fact that the petrolatum made by this company, as of “U. S. P. standard of color and quality,” is listed at six cents per pound in barrels; while fifty cents per pound was the usual price paid for cosmoline.

A MATERNITY HOSPITAL at Sitka is proposed. With a little education of the natives, such a hospital would not be needed.

Annotations.

WE are pleased to see the favorable attitude displayed by the Brooklyn press towards Dr. Mattison's project. Dr. Mattison has for years devoted himself to the treatment of narcotic habitués, with unusual success. He now endeavors to found an institution wherein those unfortunates, who have not the means to pay for treatment, may be accommodated. No better use could be made of funds devoted to charity. This class comprises men who could be, and should be, saved, and made valuable to the community. At present, the only asylums open to them are the House of Correction and the Almshouse, with their debasing influences and absence of all rational treatment. The importance of Dr. Mattison's project can be appreciated by no one as well as by members of the medical profession, some of whose brightest lights have been quenched in the gulf of narcotism. To the community at large, and especially to the legislator and philanthropist, we owe the duty of directing attention to this enterprise.

Letters to the Editor.

THE FIRST OBSTETRICAL CLINIC.

REFERRING to the letter from Dr. Lanphear, in THE TIMES AND REGISTER of June 13, relative to the First Midwifery Dispensary, I would state that having lived near Dr. Lanphear for several years, and knowing him personally, I am, like him, impressed with the idea that the Eastern schools can gather a point or two from Western brethren; but at the same time loyalty to my Alma Mater "Harvard Medical School" compels me to state that "way down East" in Boston, there is an institution for conferring medical knowledge which has been in existence one hundred and nine years, has done some pretty good work in the past and promises fairly well for the future. There are now eighteen professors, four assistant professors, nine instructors, one lecturer, four demonstrators, twelve assistants to chairs, one curator and sixteen special clinical instructors, making a total of sixty-five teachers. The classes attending are not as large as those of some other schools, partly on account of a foolish notion that is popular in that vicinity of requiring a tolerably high grade of general knowledge before admitting students to its advantages.

There are a number of hospitals in this staid Eastern city at which the students receive a great deal of personal clinical instruction facilitated by reason of the numerous instructors and few students. This institution is not quoted in the newspapers as much as some others, yet they have sufficient confidence in themselves at Harvard to meditate upon, and possibly have already decided upon requiring all students entering after September, 1892, to take a four years' course of forty weeks in each course preparatory to receiving the degree of M.D.

But the reference to Dr. Lanphear's letter was as to the "Obstetrical Dispensary."

Perhaps Harvard has no such dispensary, and Dr. Lanphear states that Dr. Berger originated this method in this country in 1889, but I was of the impression that Harvard had one. In 1884, it was an old story and excited no comment, that the McLean Street Lying-in Hospital was presided over by

the professor of obstetrics; that the two house officers were under-graduates, who had studied medicine at least two and a half years; that women were attended in confinement at the hospital, or at their homes, at any time of day or night; that every student was obliged to attend at least two cases of obstetrics under the direction of the professor or assistant professor of obstetrics during his third year and previous to graduation, and that from two to twenty students were at all hours available and employed by the house officers of the lying-in hospital and the physicians of the city dispensaries, assistants and principals.

It seems to me Harvard is about as well supplied in the matter of clinical material in the line of obstetrics as in other branches, having the obstetrical department of the city dispensary, and also the McLean Street Lying-in Hospital and its out-door service, both under the immediate supervision of the professor of obstetrics and his assistant. Whether or no Harvard was the *first* to have such a dispensary I cannot say, and have no idea, but no institution starting since 1884 can make any such claim.

Two years ago the requirements for graduation at Harvard were changed, and each student thereafter must attend at least six cases of confinement. In the obstetrical service of Harvard last year between six and seven hundred women were delivered by the class, one man alone attending forty-three cases.

The faculty do not think it profitable for students to attempt advanced work till they have laid a thorough foundation in anatomy, physiology, etc., etc., hence first and second year students are not assigned obstetrical work, but having a good foundation by means of recitations, laboratory work, dissecting and lectures, the third and fourth year men are abundantly occupied with clinical work. This is not stated to disparage Western work; the advances they are making are very gratifying, but they must put time and labor into medical education in the West, and look up statistics before despising the work of the effete East, or claiming to be in advance of it.

W. D. BIDWELL, M.D.

918 FOURTEENTH STREET, N. W., WASHINGTON, D. C.

SEA-SIDE PHYSIOLOGY.

BENECKE has demonstrated, that on sea-shores the cooling of warm liquids takes place more rapidly than it does within firm land, particularly in high latitudes, and consequently the loss of warmth of the body is here greater. Further, he has found that the tissue change on sea-shores is increased, manifesting itself in increasing of the amount of urea in the urine, and diminution of uric and phosphoric acids with a simultaneous increase of urine in specific gravity, and therefrom proved that a long continued sojourn on sea-shore is more profitable than the sea-bathing itself.

In most individuals, according to many observers, there is a slight decrease in the frequency of the breathing and pulsation, while their dwelling is on sea shores, comparatively with that when away from them. This phenomenon can probably be explained by the elevation of atmospheric pressure in connection with the increase of dampness.

The above stated loss of warmth of the body is followed by an increased appetite, therefore stimulates the taking in of food. Now, the ingesta surpass the exgesta and there is consequent accumulation of albumin, less fat. The increased process of oxidation within the organism tends to destroy the fatty

and adipose tissue, so much so indeed, that fatty individuals become less so while sojourning on sea-coast. So, then, the increased formation of blood, strengthening of the nervous system, and depending upon a quiet sleep, regular circulation and hardening of the skin, and at last, the acquired habituation of the organism to low temperatures, all these are the effects of a long-continued sojourn on sea-sides.

S. SELIKOVITCH.

338 SPRUCE STREET.

CAN THE MENOPAUSE OCCUR DURING PREGNANCY?

BEING a constant reader of THE TIMES AND REGISTER, I, too, would like to ask a question (through the journal): A friend of mine is about to marry a widow lady, age forty-six, in perfect health, monthly periods regular. She has a child twenty years of age, and has never been pregnant since; been a widow eight years. The question is, if she marries and becomes pregnant, do menses cease, or, in plain terms, does a change of life occur during pregnancy, if so, what may be looked for? Am unable to find anything on this subject. If you will kindly give information, it will be appreciated.

L. S. THOMAS, M.D.

BEVERLY, N. J.

Book Notices.

TRANSACTIONS OF THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION. Vol. III, Third Session, held at Atlanta, Ga., November 11, 12, and 13, 1890. Published by the Association, 1891.

The three days' meeting was a most prolific one, judging by the number and quality of the papers in the handsome volume before us. Thirty-one articles occupy its 438 pages. From the address of the President, G. J. Engelmann, on "The Health of the American Girl," that opens the book, to the remarkable case reported by A. B. Miles, of a gunshot wound of the abdomen, with three mesenteric and sixteen intestinal wounds, and recovery after laparotomy, all are of interest to the reader and creditable to Southern surgery. But one article is illustrated; that of Lydston on varicocele, published lately in this journal.

INSOMNIA AND ITS THERAPEUTICS. By A. W. MACFARLANE, M.D., Fellow of the Royal College of Physicians, Edinburgh; Fellow of the Royal Medical and Chirurgical Society of London; Examiner in Medical Jurisprudence in the University of Glasgow; Honorary Consulting Physician (late Physician) Kilmarnock Infirmary; Formerly Examiner in Medicine and Clinical Medicine in the University of Glasgow, etc., etc. (Reprinted from Wood's Medical and Surgical Monographs.) Octavo, 302 pages, muslin, \$1.75. New York, William Wood & Company.

The author takes up the physiology of sleep, then, after some general remarks upon insomnia, goes on to treat this condition as dependent upon affections of the nervous system, of the alimentary canal, of the liver, on gout, circulatory and respiratory affections, febrile and general diseases, urinary diseases, and insomnia peculiar to women; closing with a chapter on baths and electricity.

We cannot urge too strongly upon our readers the importance of this book; which ranks in practical value close to Hilton's on Rest and Pain. It lifts the reader to a plane above that of the empiric, and treats of insomnia in the only way it should be considered; from the physiological standpoint. How many men would be saved from narcotic ineptitude were the principles here inculcated once implanted in the minds of physicians generally.

The Medical Digest.

COMBEMALE has tried cascara as a substitute for cascara sagrada, but finds the former too irritating for use.

LAVIELLE describes a medio-tarsal arthritis observed by him in velocipedists. The peroneus longus appears to be mainly concerned in its production.

HUGUIN calls attention to an early sign of whooping-cough, occurring during the catarrhal stage. This sign consists in photophobia, with dilatation of the pupils.

LOCAL ANÆSTHETIC.—

R.—Cocaine hydrochlorat	gr. v.
Antipyrine	gr. xv.
Aqua dest.....	3ss.
M.—S. Apply to gums of teeth to be extracted, etc.	

—Stuver, *Journ. de Méd. de Brux.*

HYPODERMIC INJECTION OF CREASOTE FOR TUBERCULOSIS.—Josias (*La Méd. Moderne*) recommends the following formula:

Pure sterilized olive oil	8 cub. cent.
Cocaine, dissolved in oleic acid, q. s. 1 centigr.	
Pure beech-wood creasote	1 gramme.

This is all injected at one séance, in four places; repeated every two days for a month; and resumed, after a pause more or less prolonged.

ENEMAS OF EGG ALBUMEN.—Huber has made some interesting experiments on the absorption of the white of egg from the rectum. If the egg be simply beaten up, with water, but little is absorbed. But if common salt be added, 15 grains for each egg, the quantity absorbed is doubled. Peptonized albumen is absorbed in quantity scarcely larger than that of this pure albumen. The salted albumen is absorbed in the proportion of 60 to 70 per cent., and, according to the same observer, does not cause albuminuria. The enema should be carried as high up into the bowel as possible. This may be repeated thrice daily; a cleansing enema having been administered one hour before each nutrient enema.

—*Revue de Thér.*

PURE CREAM.—Catillon fixes thus the characteristics that a good medicinal creasote should exhibit:

It should be colorless, even when long exposed to light in a bottle of white glass.

The odor should not recall bitumen in the least, and should disappear easily on washing with water. Its density should be 1,000 at 15°.

It should yield nothing to distillation below 200°, and should pass entirely between 200° and 212°.

Mingled with an equal quantity of pure glycerine at 90°, creasote should dissolve without difficulty or opaque, whitish tint; the solution should be as limpid as each constituent separately, and remain so when more of either is added. The addition of water precipitates creasote from this solution.

Creasote should dissolve in all proportions in alcohol, ether and the oils; its solubility in water is about 1 per cent.

Creasote should be absolutely neutral in tournesol.

It should dissolve entirely in liquor potassa or soda, giving a very limpid solution, even after water has

been added. Mixed with an equal part of collodion, it should not coagulate, but give a perfect solution that preserves its fluidity. Dissolved in 10 parts of alcohol, and adding a solution of per-chloride of iron, 1 to 10, it should give a fine green color, clear, with no analogy to blue.

Mixing 1 cubic centimeter of creasote and 10 of a solution of caustic potash, 1 part to 5 of alcohol at 95°, a solid, crystalline mass should be obtained.

This purified creasote has an odor and taste much less sharp than ordinary creasote, and can be given in larger doses. Forty centigrammes dissolved in a spoonful of glycerine and diluted in a quart of water flavored with wine, can be taken without provoking any disagreeable consequences. Good hypodermic solutions are made by dissolving this creasote in oil of *horlogerie*, washed with strong alcohol, and heated to 150° to 200°. It is also well borne in enemas and in suppositories, even up to 15 grains.

—*Revue de Thér.*

PHENACETIN IN INFLUENZA.—I desire to draw the attention of the profession to the beneficial action of phenacetin during the first stage of influenza. Its action is prompt and striking, so that many patients declare they have derived more benefit from the "powders" than from anything else. It rapidly cures the headache which is such a distressing symptom at first, helps to reduce the temperature, and mitigates, but does not entirely remove, the aching of the limbs, a few doses of salicylate of sodium effecting its final removal. I give the phenacetin in 5-grain powders, repeated every four hours, till the headache and other pains cease. I have used phenacetin largely in a variety of conditions, and consider it is unrivalled as an analgesic. It seldom fails, it is comparatively cheap, tasteless, and, as far as I can see from a tolerably extended experience of it, is totally free from the unpleasant after-effects—depression of heart, etc.—sometimes caused by antipyrin and other drugs of its class. Insolubility is its sole drawback.—Henry, *Brit. Med. Jour.*

TREATMENT OF ACUTE RHEUMATISM BY HYPODERMIC INJECTIONS OF CARBOLIC ACID.—This procedure seems to merit some attention, for though it might appear somewhat heroic to inject into or close to acutely inflamed joints a strong solution of carbolic acid, yet the relief afforded was so great and welcome that the patients often begged for a repetition of the injection when another joint became painful. The short time that elapses between the injection and the cessation of pain, only half a minute in one case, the rapid return of freedom of movement, and the ease and ability to sleep thereby afforded, warrant our using it in many cases. It is of especial value in cases of gonorrhœal rheumatism, in which no good has arisen from the use of salicylates, but does not seem to act so well when many of the joints are affected.

Although I have injected the solution directly into the distended synovial cavity of an inflamed joint without untoward results, it is safer and as efficacious to pass the point of the needle of the syringe through the skin obliquely, and, judging where the synovial membrane is, to inject the fluid as close outside the sac as possible. Injected into the sac itself a ten per cent. solution of carbolic acid precipitates the albumen present in the serous contents.

The rationale of the rapid disappearance of all the symptoms is, first, that it is due to the powerful local anaesthetic action of the acid; secondly, to some slight specific action against the rheumatic poison

exerted by it. While with regard to the dose one might give, a grain of the pure acid in a child, two grains or two grains and a half in an adult, would not be excessive.—*Med. Press.*

TREATMENT OF ERYSIPelas.—I think the plan of treatment which offers the best results is about as follows:

1. Internally, such symptomatic treatment as the nature of the case seems to require. Antipyretics only in case of high or persistent fever (over 103½° to 104°). Then antipyrine in dose of at least gr. xv-xx, for an adult, guarded by alcohol. Cooling drinks. Calomel or saline aperients in full dose if constipated. If much weakness, alcoholic drinks given freely, especially at critical periods, and iron or iron and quinine; digitalis if much fever and prostration; bromides for delirium; antipyrine or phenacetin for headache, with cold applications to head and as concentrated and nutritious a diet as possible.

2. Locally, I would paint the patch and surrounding margin of healthy skin thickly with ichthylol in collodion, 3j-3ij to 3j. If the scalp is the region affected, a watery solution of ointment of ichthylol can be employed. To arrest the spread I should in every case make an attempt either with the band of adhesive plaster or by scarification, or both, the latter to follow the former, in case the disease spreads beyond the adhesive strips. In erysipelas of the face which had not yet reached the forehead, or at least its upper part, I would apply a band tightly about the forehead and just above the ears, cutting the hair in a strip around if necessary to secure firm pressure. The chances of arresting the process here should be at least equal to those of checking the spread upon the extremity, for we have a hard bony base over which to make our compression. If the boundary is passed, then I should at once have the scalp shaved and apply another band higher up. The hair should be cut in any case in which the scalp is invaded or threatened. Then the same application of ichthylol in collodion can be made, as to the face or other part. If there be much tension, swelling, heat, and discomfort (which is not apt to be the case under collodion), any oily substance can be applied over it.—Allen, *Am. Jour. Med. Sci.*

[Such recitals as the above never fail to inspire us with the deepest pity for the unfortunate man who is compelled to treat erysipelas, and yet is ignorant of the control exerted over this disease by pilocarpus.]

TREATMENT OF CHRONIC ECZEMA BY CREALIN.—At the Royal Academy of Medicine in Ireland, Dr. Patteson read a note on the treatment of chronic eczema by creolin. He had been led to adopt its use from the well-known value of tarry preparations in certain forms of eczema and psoriasis, and from its cheapness, which rendered it suitable for out-patient practice. He briefly referred to two cases of pustular eczema of the scalp—one of eight and the other of three years' standing—in which marked improvement and cure followed its prolonged use. It was applied as a wash or lotion in the proportion of 1 drachm to 8 ounces of water. The value of such a powerful germicide in these cases seemed in favor of Nuna's contention as to the parasitic nature of eczema.

Dr. Walter Smith expressed his concurrence with Dr. Patteson's views as to the utility of creolin as a germicide and stimulant. Creolin, although devoid of ordinary phenol, is a mixture of phenolic com-

pounds and other aromatic bodies, and possesses the advantage of ready miscibility with water, and of being unirritating.

Dr. Doyle said that he could corroborate Dr. Patterson's remarks as regards the curative effect of creolin in subacute cases of pustular eczema, having used it by means of wet packs frequently repeated.

Dr. R. Montgomery said that creolin is supposed to be naphthalene combined with carbolic acid and an alkali, but he was unable to obtain more accurate observation as to its chemical constitution.

The President congratulated the Academy on the additional remedy for chronic eczema which Dr. Patterson had brought under their notice. His communication, however, did more, and that was, that it emphasized the importance of steady perseverance in the treatment for eczema which had been found temporarily useful. If any exception could be taken to the paper it was in the direction (1) that the treatment was used for but one variety of chronic eczema —viz., the pustular; and (2) that creolin was not the only remedy employed.—*Med. Press and Circ.*

TREATMENT OF SARCOMA BY PYOKTANIN.—I wish to draw the attention of the profession to the use of pyoktanin in the treatment of sarcomata. Some few weeks ago Prof. von Mosetig, of Vienna, cited a few cases that had been treated with success by hypodermic medication. Recently I have had a patient with a large ulcerating sacoma of the breast, sixty-three years of age, and unmarried. I first injected $\frac{1}{2}$ of a grain hypodermically into the mass. I also dressed the breast with a saturated solution on lint, and let it remain for forty-eight hours; the pain was less, the patient more comfortable, and on removing the dressing I found a more healthy surface. I then administered a 3-grain tabloid by the mouth. Unfortunately, the patient vomited, and, seeing the peculiar color, refused to take any more, so I was forced to content myself with dressing the breast as described. I have since thickly dusted the pyoktanin powder over the breast. My patient being worn out by the long-continued drain on the system, and of a very eccentric disposition, there has been great difficulty in carrying out this plan of treatment with sufficient accuracy to obtain the best results. I have certainly obtained a diminution in the size of the tumor, which has assumed a more healthy appearance. From these results it may be fairly assumed that as the sarcomata spread along the planes of cellular tissue the cellular growth is arrested, and it is within reason that cases of carcinoma might be benefited by this treatment. In cases where patients will not submit to operative measures, as well as in those that do not admit of surgical interference, and these are many, the early use of pyoktanin hypodermically would be of great benefit in diminishing the cell growth, and so causing a shrivelling of the tumor. My object in writing is the hope that some hospital surgeon might be induced to try the pyoktanin, and give the profession his clinical experience. The dose of pyoktanin is from 3 to 10 grains three times a day.

Heslop, in *The Lancet.*

FOR FACIAL ERVSIPELAS:

R.—Tinct. benzoini comp.....	2j.
Collodion flexil.....	3j.
Glycerine	3j.

M.—S. For local use.

—Allen, *Am. Jour. Med. Sci.*

CHLOROFORM OR ETHER?—There are two distinct methods of chloroform administration in vogue. In one the pulse, as well as the respiration, is taken as a guide; in the other the pulse is never under any circumstances taken as a guide; and it is manifestly unreasonable to compare the risks of ether and chloroform without stating with regard to chloroform which of these methods is employed. The importance of this point lies in the fact that there is not one case of death from chloroform recorded, in which it is proved that the pulse was not taken as a guide; whereas, in Syme's practice, and in my own, where the pulse has never been taken as a guide, no death from chloroform has ever occurred. It should be stated that in Syme's practice, as in my own, the anaesthetic was always administered by students and not by specialists. If the pulse is affected under chloroform, it indicates chloroform poisoning either direct or through abnormal respiration. All the chloroformist has to produce is harmless anaesthesia, with regular breathing, and without poisoning, and of this the pulse can never be any test whatever; it is, therefore, positively dangerous and useless to take it as a guide. The following table places the available figures in a most striking light :

MORTALITY STATISTICS OF CHLOROFORM AND ETHER.

Anæsthetic Employed.	Source of Statistics.	Period.	Number of Deaths to Administration.
Chloroform..	Julliard.....	Not stated.	1 to 3,258
Ether.....	Julliard.....	"	1 to 14,687
Chloroform ..	St. Bartholomew's Hospital (Roger Williams)	10 years, 1878 to 1887.	1 to 1,236
Ether.....	St. Bartholomew's Hospital (Roger Williams)	10 years, 1878 to 1887.	1 to 2,754
Chloroform ..	Syme and Lawrie.....	43 years.	No death.

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been added. Mixed with an equal part of collodion, it should not coagulate, but give a perfect solution that preserves its fluidity. Dissolved in 10 parts of alcohol, and adding a solution of per-chloride of iron, 1 to 10, it should give a fine green color, clear, with no analogy to blue.

Mixing 1 cubic centimeter of creasote and 10 of a solution of caustic potash, 1 part to 5 of alcohol at 95°, a solid, crystalline mass should be obtained.

This purified creasote has an odor and taste much less sharp than ordinary creasote, and can be given in larger doses. Forty centigrammes dissolved in a spoonful of glycerine and diluted in a quart of water flavored with wine, can be taken without provoking any disagreeable consequences. Good hypodermic solutions are made by dissolving this creasote in oil of *horlogerie*, washed with strong alcohol, and heated to 150° to 200°. It is also well borne in enemas and in suppositories, even up to 15 grains.

—*Revue de Thér.*

PHENACETIN IN INFLUENZA.—I desire to draw the attention of the profession to the beneficial action of phenacetin during the first stage of influenza. Its action is prompt and striking, so that many patients declare they have derived more benefit from the "powders" than from anything else. It rapidly cures the headache which is such a distressing symptom at first, helps to reduce the temperature, and mitigates, but does not entirely remove, the aching of the limbs, a few doses of salicylate of sodium effecting its final removal. I give the phenacetin in 5-grain powders, repeated every four hours, till the headache and other pains cease. I have used phenacetin largely in a variety of conditions, and consider it is unrivalled as an analgesic. It seldom fails, it is comparatively cheap, tasteless, and, as far as I can see from a tolerably extended experience of it, is totally free from the unpleasant after-effects—depression of heart, etc.—sometimes caused by antipyrin and other drugs of its class. Insolubility is its sole drawback.—Henry, *Brit. Med. Jour.*

TREATMENT OF ACUTE RHEUMATISM BY HYPODERMIC INJECTIONS OF CARBOLIC ACID.—This procedure seems to merit some attention, for though it might appear somewhat heroic to inject into or close to acutely inflamed joints a strong solution of carbolic acid, yet the relief afforded was so great and welcome that the patients often begged for a repetition of the injection when another joint became painful. The short time that elapses between the injection and the cessation of pain, only half a minute in one case, the rapid return of freedom of movement, and the ease and ability to sleep thereby afforded, warrant our using it in many cases. It is of especial value in cases of gonorrhœal rheumatism, in which no good has arisen from the use of salicylates, but does not seem to act so well when many of the joints are affected.

Although I have injected the solution directly into the distended synovial cavity of an inflamed joint without untoward results, it is safer and as efficacious to pass the point of the needle of the syringe through the skin obliquely, and, judging where the synovial membrane is, to inject the fluid as close outside the sac as possible. Injected into the sac itself a ten per cent. solution of carbolic acid precipitates the albumen present in the serous contents.

The rationale of the rapid disappearance of all the symptoms is, first, that it is due to the powerful local anaesthetic action of the acid; secondly, to some slight specific action against the rheumatic poison

exerted by it. While with regard to the dose one might give, a grain of the pure acid in a child, two grains or two grains and a half in an adult, would not be excessive.—*Med. Press.*

TREATMENT OF ERYSIPelas.—I think the plan of treatment which offers the best results is about as follows :

1. Internally, such symptomatic treatment as the nature of the case seems to require. Antipyretics only in case of high or persistent fever (over 103½° to 104°). Then antipyrine in dose of at least gr. xv-xx, for an adult, guarded by alcohol. Cooling drinks. Calomel or saline aperients in full dose if constipated. If much weakness, alcoholic drinks given freely, especially at critical periods, and iron or iron and quinine; digitalis if much fever and prostration; bromides for delirium; antipyrine or phenacetin for headache, with cold applications to head and as concentrated and nutritious a diet as possible.

2. Locally, I would paint the patch and surrounding margin of healthy skin thickly with ichthylol in collodion, 3j-3ij to 3j. If the scalp is the region affected, a watery solution of ointment of ichthylol can be employed. To arrest the spread I should in every case make an attempt either with the band of adhesive plaster or by scarification, or both, the latter to follow the former, in case the disease spreads beyond the adhesive strips. In erysipelas of the face which had not yet reached the forehead, or at least its upper part, I would apply a band tightly about the forehead and just above the ears, cutting the hair in a strip around if necessary to secure firm pressure. The chances of arresting the process here should be at least equal to those of checking the spread upon the extremity, for we have a hard bony base over which to make our compression. If the boundary is passed, then I should at once have the scalp shaved and apply another band higher up. The hair should be cut in any case in which the scalp is invaded or threatened. Then the same application of ichthylol in collodion can be made, as to the face or other part. If there be much tension, swelling, heat, and discomfort (which is not apt to be the case under collodion), any oily substance can be applied over it.—Allen, *Am. Jour. Med. Sci.*

[Such recitals as the above never fail to inspire us with the deepest pity for the unfortunate man who is compelled to treat erysipelas, and yet is ignorant of the control exerted over this disease by pilocarpus.]

TREATMENT OF CHRONIC ECZEMA BY CREOLIN.—At the Royal Academy of Medicine in Ireland, Dr. Patteson read a note on the treatment of chronic eczema by creolin. He had been led to adopt its use from the well-known value of tarry preparations in certain forms of eczema and psoriasis, and from its cheapness, which rendered it suitable for out-patient practice. He briefly referred to two cases of pustular eczema of the scalp—one of eight and the other of three years' standing—in which marked improvement and cure followed its prolonged use. It was applied as a wash or lotion in the proportion of 1 drachm to 8 ounces of water. The value of such a powerful germicide in these cases seemed in favor of Nuna's contention as to the parasitic nature of eczema.

Dr. Walter Smith expressed his concurrence with Dr. Patteson's views as to the utility of creolin as a germicide and stimulant. Creolin, although devoid of ordinary phenol, is a mixture of phenolic com-

pounds and other aromatic bodies, and possesses the advantage of ready miscibility with water, and of being unirritating.

Dr. Doyle said that he could corroborate Dr. Patterson's remarks as regards the curative effect of creolin in subacute cases of pustular eczema, having used it by means of wet packs frequently repeated.

Dr. R. Montgomery said that creolin is supposed to be naphthalene combined with carbolic acid and an alkali, but he was unable to obtain more accurate observation as to its chemical constitution.

The President congratulated the Academy on the additional remedy for chronic eczema which Dr. Patterson had brought under their notice. His communication, however, did more, and that was, that it emphasized the importance of steady perseverance in the treatment for eczema which had been found temporarily useful. If any exception could be taken to the paper it was in the direction (1) that the treatment was used for but one variety of chronic eczema —viz., the pustular; and (2) that creolin was not the only remedy employed.—*Med. Press and Circ.*

TREATMENT OF SARCOMA BY PYOKTANIN.—I wish to draw the attention of the profession to the use of pyoktanin in the treatment of sarcomata. Some few weeks ago Prof. von Mosetig, of Vienna, cited a few cases that had been treated with success by hypodermic medication. Recently I have had a patient with a large ulcerating sacoma of the breast, sixty-three years of age, and unmarried. I first injected $\frac{1}{2}$ of a grain hypodermically into the mass. I also dressed the breast with a saturated solution on lint, and let it remain for forty-eight hours; the pain was less, the patient more comfortable, and on removing the dressing I found a more healthy surface. I then administered a 3-grain tabloid by the mouth. Unfortunately, the patient vomited, and, seeing the peculiar color, refused to take any more, so I was forced to content myself with dressing the breast as described. I have since thickly dusted the pyoktanin powder over the breast. My patient being worn out by the long-continued drain on the system, and of a very eccentric disposition, there has been great difficulty in carrying out this plan of treatment with sufficient accuracy to obtain the best results. I have certainly obtained a diminution in the size of the tumor, which has assumed a more healthy appearance. From these results it may be fairly assumed that as the sarcomata spread along the planes of cellular tissue the cellular growth is arrested, and it is within reason that cases of carcinoma might be benefited by this treatment. In cases where patients will not submit to operative measures, as well as in those that do not admit of surgical interference, and these are many, the early use of pyoktanin hypodermically would be of great benefit in diminishing the cell growth, and so causing a shrivelling of the tumor. My object in writing is the hope that some hospital surgeon might be induced to try the pyoktanin, and give the profession his clinical experience. The dose of pyoktanin is from 3 to 10 grains three times a day.

Heslop, in *The Lancet*.

FOR FACIAL ERYSIPelas:

R.—Tinct. benzoini comp.....	2j.
Collodion flexil.....	3j.
Glycerine	3j.
M.—S. For local use.	

—Allen, *Am. Jour. Med. Sci.*

CHLOROFORM OR ETHER?—There are two distinct methods of chloroform administration in vogue. In one the pulse, as well as the respiration, is taken as a guide; in the other the pulse is never under any circumstances taken as a guide; and it is manifestly unreasonable to compare the risks of ether and chloroform without stating with regard to chloroform which of these methods is employed. The importance of this point lies in the fact that there is not one case of death from chloroform recorded, in which it is proved that the pulse was not taken as a guide; whereas, in Syme's practice, and in my own, where the pulse has never been taken as a guide, no death from chloroform has ever occurred. It should be stated that in Syme's practice, as in my own, the anaesthetic was always administered by students and not by specialists. If the pulse is affected under chloroform, it indicates chloroform poisoning either direct or through abnormal respiration. All the chloroformist has to produce is harmless anaesthesia, with regular breathing, and without poisoning, and of this the pulse can never be any test whatever; it is, therefore, positively dangerous and useless to take it as a guide. The following table places the available figures in a most striking light:

MORTALITY STATISTICS OF CHLOROFORM AND ETHER.

Anæsthetic Employed.	Source of Statistics.	Period.	Number of Deaths to Administration.
Chloroform..	Julliard.....	Not stated.	1 to 3,258
Ether.....	Julliard.....	"	1 to 14,987
Chloroform ..	St. Bartholomew's Hospital (Roger Williams)	10 years, 1878 to 1887.	1 to 1,236
Ether.....	St. Bartholomew's Hospital (Roger Williams)	10 years, 1878 to 1887.	1 to 2,754
Chloroform ..	Syme and Lawrie.....	43 years.	No death.

If statistics are of any value, this table ought to carry conviction with it, because it shows clearly that chloroform administered on Syme's principles is even less dangerous than ether administered in accordance with the most approved methods. But the Hyderabad Commission has no desire to institute further comparisons between them. All we say is, let anybody use ether who chooses, but if chloroform is to be employed, let it be given in the right way. Surgery cannot yet do without chloroform, and the only way to give it with invariable safety is to be guided, as Syme was, not by the circulation, but entirely by the respiration. What Dr. Julliard says about ether I can say, *mutatis mutandis*, about chloroform. During fourteen out of the seventeen months that have elapsed since the Hyderabad Commission demonstrated that the key to the safe administration of chloroform consists in regular breathing, I have given chloroform several times daily. Not only have I not had any deaths, but I have met with no accident of any kind. I have not once had to do artificial respiration or to pull forward the tongue. Neither have I had to interrupt an operation in order to ward off any accident due to chloroformization. There is no element whatever either of luck or of chance about these results. Any surgeon can administer chloroform without risk who will take the trouble to assure himself that the patient's breathing is normal and regular throughout the administration, and to stop the inhalation in good time, that is, directly full anaesthesia is produced. Statistics, such as those of Dr. Julliard and Mr. Roger Williams, which are intended to show the danger of chloroform, are, as my table

proves, susceptible of a very different interpretation. If they help to prove anything, it is that no anaesthetic is absolutely safe except chloroform administered on Syme's principles, and the more proof we have of this kind the better.

—Surgeon-Major Lawrie, *Brit. Med. Jour.*

FRENCH NOTES.

A. E. ROUSSEL, M.D.

ALBUMINATURIA (M. Gaube).—Albuminaturia is characterized by the presence of a minimum quantity of albumen in the urine, associated with the carbonates and principally with the earthly phosphates.

Albuminaturia is physiological, pathological, or experimental.

Physiological albuminaturia accompanies pregnancy, follows sexual intercourse, in both sexes, the menses in women, too rapid growth, etc. It is only a temporary condition.

Pathological albuminaturia is associated with great suppurations, with a special alteration of the nervous cells. It is of long duration and grave prognosis.

Experimental albuminaturia is the result of the ingestion of an excess of soluble phosphates, which excess is eliminated by the kidneys as an albumino-phosphate.

—*La Tribune Médicale.*

TREATMENT OF YELLOW FEVER BY MEANS OF A LOW TEMPERATURE.—Garcia, of Santiago, treats yellow fever by reducing the temperature of the body by means of an apartment with double walls (chambre polaire), when by the introduction of ice the temperature is reduced to 10° and 0° .

Only two deaths occurred out of twenty patients treated in this manner.—*Journal de Médecine.*

AGARICINIC ACID (Dr. Combemale).—Agaricinic acid is an anti-sudorific agent of positive merit, which prevents the sweats, not only of pulmonary tuberculosis, but of all other intoxications or infections. In pulmonary tuberculosis it succeeds particularly well in the second and third stages of the malady.

Doses of from 2 to 4 centigrammes are sufficient to produce these effects.

If there is no pre-existing trouble of the gastrointestinal canal, the use of this remedy is never followed by any bad results.

—*Bulletin de Thérapeutique.*

EXALGINE IN INFANTILE THERAPEUTICS (Dr. Moncorvo).—1. The extreme activity of action of exalgine has been without exception well demonstrated in twenty-one children, from one to twelve years of age, to whom it was administered for various painful affections.

2. In all the cases the medicament has without exception been well treated.

3. None of the accidents sometimes observed in adults submitted to the usage of this drug (giddiness, etc.) has ever been noticed in my young patients.

4. Exalgine in these cases was first given in doses of 5 centigrammes a day, and progressively increased until it reached 30 centigrammes.

5. Possessing a very acceptable flavor, exalgine may be administered directly on the tongue, or in capsules; or it may be given in alcohol or water.

6. Other things being equal, exalgine surpasses in activity antipyrine, and apparently in one-fifth of the dose of the latter medicament.

—*Bulletin de Thérapeutique.*

Medical News and Miscellany.

A CASE is reported of carbolic acid poisoning from the use of carbolized oil, 1 in 40, by inunction.

DR. DEMARS, of Hallock, Minn., has tapped a patient sixty-six times, withdrawing from her abdomen over six hundred and fifty gallons of fluid, since 1884. The lady is sixty-eight years old, and said to be in better health than she was four years ago.

THE development of new capabilities to meet new conditions is well illustrated by the asserted fact, that since the use of wire netting for fences in Australia, the rabbits have developed a new nail that enables them to climb the fences with neatness and despatch; while a similar newly-developed appendage allows the animal to burrow under the netting, unless it is buried at least eight inches under the surface of the ground.

MEDICAL PRACTICE IN BRAZIL.—Since the beginning of the present year all European or other foreign medical men wishing to practise their profession in any part of Brazil are compelled to pass the Brazilian "State examination." Titular or honorary members of foreign learned bodies are, however, exempt from this formality. This saving clause would appear to open the door sufficiently wide for most respectable practitioners. It would be interesting, however, to know exactly what is included in the term "foreign learned bodies."

INSPECTED THE LINNÆAN HOSPITAL.—In response to a special invitation a number of prominent Chicago physicians and others assembled at the Linnaean hospital, 1619 Diversey avenue. The purpose of the visit was to inspect the hospital building and grounds. This hospital was originally known as the Chicago Maternity Home and was located on Huron street. Recently it was considered desirable to secure more commodious premises and the present location was secured. The building is a five-story structure, and its appointments are in accordance with the most improve medical practice.

—*Chicago News.*

THE American Association of Obstetricians and Gynecologists will hold its fourth annual meeting, at the New York Academy of Medicine, 17 West Forty-third street, in the City of New York, Thursday, Friday and Saturday, September 17, 18, and 19, 1891, under the presidency of Dr. Adam H. Wright, of Toronto. All physicians interested in the discussion of subjects pertaining to abdominal surgery, obstetrics, and gynecology are invited to attend without further formal notice. By order of the Executive Council.

• WILLIAM WARREN POTTER, M.D., *Secretary.*

MEDICAL AND DENTAL COMMENCEMENT, Central University, Louisville. The commencement exercises of the Central University, of Louisville, took place June 17. The degree D.D.S. was conferred upon twenty-six students by the Louisville College of Dentistry, and the degree of M.D. upon fifty students by the Hospital College of Medicine. The Medical College has increased the standard required for graduation; the College term of five months being lengthened to six months. The commencement exercises were followed by a banquet given by the Alumni in honor of Dr. D. G. Murrell.

At the Medico-Chirurgical College, of Philadelphia, Prof. E. Laplace has been elected to the chair of Surgery; J. M. Anders, to that of Practice of Medicine; and E. E. Montgomery, to that of Obstetrics. Thus, each of the vacancies in the great didactic chairs has been filled by men already members of the Faculty. Prof. Geo. E. Stubbs will probably resign the chair of Surgical Pathology, leaving only Prof. Gerhard to represent the Faculty that created this college ten years ago.

THE first annual meeting of the United States Medical Practitioner's Protective Alliance was held at Baltimore, June 11 and 12. The Society was incorporated under the laws of Maryland. Officers for the ensuing year were elected, and such other business transacted as was necessary to establish the Alliance on a basis of permanence. As usual in meetings for organization, comparatively little work could be done outside the regular routine in such cases. Addresses were delivered by the officers, and several papers on Alliance work in general were read and discussed. The proceedings will be published in a few weeks.

THE medical department of Tulane University was made, June 13, the recipient of a generous donation from Mrs. Richardson, wife of that eminent physician and dean of the college, Dr. T. G. Richardson, of \$100,000. The entire donation is intended to be used in erecting a new college on Canal street, between Vilere and Robertson, the site for which was bought a few days ago for \$35,000 by the Educational Board.

The faculty of the medical department of the university has selected Dr. Edmond Souchon, Professor of Anatomy and Clinical Surgery, as the representative of the faculty in the selection of the proper sort of building for the purpose intended. Dr. Souchon will leave in a few weeks for the North and East, to examine various colleges to guide him in the selection of a building that will be best suited to the wants of the local institution.

A NOBLE PROJECT.—Rich people, people in moderate circumstances, or people who have at times some difficulty in making "both ends meet," could not make a better use of their money, if they are moved to spend any of it, however small the amount, for benevolent purposes, than to contribute toward the endowment fund of \$60,000 for the Habitués' Home, which Dr. Mattison is about to establish in this city. The project is a noble one, indeed. Some of our most distinguished citizens—distinguished for their public spirit and high standing in the community—are interested in the great work which Dr. Mattison proposes to undertake. A splendid building, to cost \$100,000, is to be erected for the treatment of victims of the opium, chloral, and cocaine habits. The friends of those who are able to pay for their treatment will do so, and the endowment fund of \$60,000 is to provide for the treatment of patients who cannot afford to pay. Between the private patients, however, and those who will be paid for out of the endowment fund no distinction will be made. The fact that they are public patients will be known only to the Director of the Home and the friends of the patients.

In the hurry, rush, and nervous strain that is the outcome of the complex civilization of to-day, many nervous systems are shattered to an extent that makes treatment by the use of the drugs named a necessity.—*Brooklyn Standard-Union.*

WEEKLY Report of Interments in Philadelphia, from June 20 to June 27, 1891:

CAUSES OF DEATH.	AVG. MOS.	MOS.	CAUSES OF DEATH.	AVG. MOS.	MOS.
Abscess.....	4	1	Gangrene.....	2	
Alcoholism.....	1		Inanition.....	17	
Apopлексy.....	9		Inflammation brain.....	2	10
Bright's disease.....	12	2	" bronchi.....	1	2
Cancer.....	7		" kidneys.....	3	3
Casualties.....	8	1	" liver.....	1	
Congestion of the brain.....	10		" lungs.....	8	5
Child birth.....	2		" heart.....	2	
Cholera infantum.....	68		" peritoneum.....	5	
Cirrhosis of the liver.....	1		" s. & bowels.....	9	9
Consumption of the lungs.....	32	7	Jaundice.....	1	
" " bowels.....	1	1	Marasmus.....	24	
Convulsions.....	26		Necrosis of tibia.....	1	
" puerperal.....	2		Neuralgia.....	1	
Croup.....	5		Obstruction of the bowels.....	1	
Cyanosis.....	5		Old age.....	6	
Debility.....	1	5	Purpura hemorrhagica.....	1	
Diabetes.....	1		Paralysis.....	9	1
Diarrhoea.....	1	2	Rheumatism.....	1	
Diphtheria.....	11		Septicæmia.....	1	2
Disease of the kidneys.....	2		Softening of the brain.....	1	
" heart.....	12	5	Surgical operation.....	1	
Drowned.....	2	2	Sunstroke.....	3	
Dropsey.....	2		Teething.....	6	
Dysentery.....	2		Tetanus.....	2	
Effusion of the brain.....	1		Tumor.....	3	1
Erysipelas.....	3		Uremia.....	5	
Enlargement of the spleen.....	1		Whooping cough.....	1	
" heart.....	1		Wound, gunshot.....	1	
Fever, scarlet.....	1		Total	185	245
Fever, typhoid.....	10	5			
Gaul stone.....	1				

THE PROPOSED PAN-AMERICAN MEDICAL CONGRESS.—It is contemplated to hold this meeting during the World's Fair, and from its success we may look for many important considerations, such, indeed, as a representative body of this nature may pertinently and wisely sit upon.

The untold advantages for personal improvement and a knowledge of the great advances made in all branches of the science of medicine. This will come from the exhibitions, from study, from contact with others, and from the proximate seats of learning which may be easily visited.

The teaching of the period, aside from the results already attained, and upon which the great future progress is to rest. Methods of medical teaching will be particularly interesting to foreigners, and of our own older practitioners who have been many secluded for years by the constraints of a rural constituency.

The scope, usefulness, and grand possibilities of the American Medical Association. A duty and an opportunity obviously rests here, which in due time will no doubt be developed and formulated.

The contact with fellow laborers from every clime, and the mutual good which follows the free interchange of views and experiences. This communion of thought is the bulwark of our science, and its strengthening, upon this occasion of the World's Fair, will not be without happy results.

—*Jour. Amer. Med. Asso.*

THE dose or quantity of gluside as a sweetening agent is $\frac{1}{30}$ of sugar. The "lump" of sugar of the familiar sugar basin weighs from 150 to 300 grains. The equivalent quantity of gluside clearly will be $\frac{1}{2}$ to 1 grain. One of the largest of ordinary lumps of sugar is not more sweet than a quarter of a grain of gluside; one of the smallest of ordinary lumps would communicate no more sweetness than an eighth of a grain of gluside. The dose of gluside as a medicinal agent must necessarily vary considerably; 5, 10, 15, 20 grains may be administered; 50 and even 80 grains have been given daily without any injurious effect on the system generally.

One grain of gluside will fully sweeten a 6-ounce bottleful of medicine, or $1\frac{1}{2}$ grain an 8-ounce bottleful, giving sweetness equal to that produced by $\frac{3}{4}$ ounce of ordinary syrup. The gluside is readily dissolved in these proportions—indeed, 2 grains of gluside may be dissolved, by careful management, in a single ounce of water. Where sweeter fluids are desired, soluble gluside, which is extremely readily soluble in water, should be employed. Gluside is soluble in solution of bicarbonate of sodium with evolution of carbonic acid gas. The latter solution, when warmed and made neutral and evaporated to dryness, yields "soluble gluside" or "soluble saccharin," which is very soluble in water, 100 parts of gluside yielding nearly 113 of neutral "soluble gluside."

THE INTER-CONTINENTAL AMERICAN MEDICAL CONGRESS.—At the meeting of the American Medical Association, held at Washington, May 5, 1891, Dr. Charles A. L. Reed, of Cincinnati, introduced the following:

Resolved, That the American Medical Association hereby extends a cordial invitation to the medical profession of the western hemisphere, to assemble in the United States in an Inter-Continental American Medical Congress.

Resolved, That the committee on nominations be and is hereby instructed to nominate one member for each State and Territory, and one each from the army, navy, and marine hospital service, who shall constitute a committee, which is hereby instructed to effect a permanent organization of the proposed Inter-Continental American Medical Congress, and to determine the time and place at which the same shall be held.

The resolutions were seconded by Dr. Wm. H. Pan-coast and others, and unanimously adopted.

Pursuant to the foregoing the following committee was nominated and elected:

Ala.—R. F. Saunders, M.D.
Ariz.—Henry A. Hughes, M.D.
Ark.—Ed. Bentley, M.D.
Cal.—W. R. Cluness, M.D.
Colo.—Wm. A. Campbell, M.D.
Conn.—C. A. Lindsley, M.D.
Del.—C. H. Richards, M.D.
D. C.—D. W. Prentiss, M.D.
Fla.—C. R. Oglesby, M.D.
Ga.—J. McFadden Gaston, M.D.
Idaho.—Geo. P. Haley, M.D.
Ill.—N. S. Davis, M.D.
Ind.—A. M. Owen, M.D.
Iowa.—B. H. Criley, M.D.
Kan.—J. E. Minney, M.D.
Ky.—J. N. McCormick, M.D.
Ld.—Stanford E. Chaille, M.D.
Maine.—Hampton E. Hill, M.D.
Md.—Geo. H. Rohe, M.D.
Mass.—Augustus P. Clarke, M.D.
Mich.—C. Henri Leonard, M.D.
Minn.—P. H. Millard, M.D.
Miss.—W. F. Kendell, M.D.
Mo.—I. N. Love, M.D.
Mont.—Thos. J. Murray, M.D.
Neb.—R. C. Moore, M.D.

The committee appointed by the American Medical Association to effect a permanent organization of the Inter-Continental American Medical Congress, met at "The Arlington," Washington, May 7, 1891. The following officers were elected: Charles A. L. Reed, M.D., Cincinnati, O., Chairman; J. W. Carhart, M.D., Lampasas, Texas, Secretary; I. N. Love, M.D., St. Louis, Mo., Treasurer.

On motion, the officers were appointed a special committee to draft a constitution, and report the same at an adjourned meeting of the general committee, to be held at St. Louis, Mo., Wednesday, October 14, 1891, when the time and place of meeting of the Congress will be decided, and permanent officers be elected.

FREEZING MIXTURES.—The following selection of mixtures causing various degrees of cold, the starting point of the cooling being indicated in the first column, will probably serve many purposes. It should be stated that the amount of depression in

temperature will practically be the same, even if the temperature to start from is higher. Of course, in the case of snow it cannot be higher than 0° C. (32° F.). But in some cases it is necessary to start at a temperature below 0° C. For instance, the temperature of 49° C. may be reached by mixing 1 part snow with $\frac{1}{3}$ part of dilute nitric acid. But then the snow must have the temperature 23° C. If it were only at 0° C. the depression would be only about 26° C.

SUBSTANCE TO BE MIXED IN PARTS BY WEIGHT.	THE TEMPERATURE SINKS	
	FROM	TO
1. Water..... 1		
Ammonium Nitrate..... 1	+ 10° C.	- 15.5° C.
2. Dil. Hydrochl. Acid..... 10	+ 10	- 17.8
Sodium Sulphate..... 16		
3. Dil. Hydrochl. Acid..... 1	+ 10	- 16
Sodium Sulphate..... $1\frac{1}{2}$		
4. Snow..... 1	+ 0	- 32.5
Sulphuric Acid..... 4		
Water..... 1	- 7	- 51
5. Snow..... 1	- 23	- 49
Dil. Sulphuric Acid..... 1		
6. Snow..... 1	0	- 17.8
Dil. Nitric Acid..... $\frac{1}{2}$		
7. Snow..... 1	0	- 49
Sodium Chloride..... 1		
8. Snow..... 1	0	- 49
Calcium Chloride..... 1.3		
9. Snow..... 1	0	- 33
Hydrochloric Acid..... 0.625		
10. Snow..... 1	0	- 24
Sodium Chloride..... 0.4		
Ammon. Chloride..... 0.2		
11. Snow..... 1	0	- 31
Sodium Chloride..... 0.416		
Ammon. Nitrate..... 0.416		

—The New Idea.

OFFICE RULES FOR GENTLEMEN.—Rule 1.—Be sure and spit on the floor; that is what we have it for, and be very careful and get plenty of juice around the stove legs. The owner has nothing else to do but clean up.

Rule 2.—Be sure to light your pipe if you see a lady coming or after she comes in the office, and as you move try and get close to her, so you can give her a good second-handed smoke, easy to her, and without effort on your part. The ladies will enjoy this, especially if it is seasoned with lots of profanity and a good strong pipe. They also enjoy dead tobacco smoke in an operating room, especially if it is necessary to use ether or chloroform.

Rule 3.—Always be sure to turn to the doctor after a lady leaves his consulting room and say, "Doctor, that woman is a clipper. I wish I were a doctor, I tell you!" Also be quite sure to ask him, "if there isn't something wrong in the Danish coast?" Doctors have nothing else to do but answer those questions, and it is their *place* to keep the *public* posted, and, of course, ladies who have a little "inside history" that they *want the world to know*, go to the doctor's office for that purpose.

Rule 4.—If you come in the office and find the doctor very busy ask him to wait on you right away, convey to the other patients that you have an under clinch on that doctor, and he must obey forthwith. If any instruments are out of the case be sure to ask what they are and handle them all over at least twice. It does the doctor's soul good to go all over and disinfect them after you, besides it gives him practice in that line, and practice makes perfect.

—Kansas Med. Jour.

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Dr. Geo. B. Hope, Surgeon Metropolitan Throat Hospital, Professor Diseases of Throat, University of Vermont, writes in an article headed "Some Clinical Features of Diphtheria, and the treatment by Peroxide of Hydrogen" (N.Y. Medical Record, October 13, 1889). Extract:

"... On account of their poisonous or irritant nature the active germicides have a utility limited particularly to surface or open wound applications, and their free use in reaching diphtheritic formations in the mouth or throat, particularly in children, is, unfortunately, not within the range of systematic treatment. In Peroxide of Hydrogen, however, it is confidently believed will be found, if not a specific, at least the most efficient topical agent in destroying the contagious element and limiting the spread of its formation, and at the same time a remedy which may be employed in the most thorough manner without dread of producing any vicious constitutional effect.

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Dr. E. R. Squibb, of Brooklyn, writes as follows in an article headed "On the Medical Uses of Hydrogen Peroxide" (Gaillard's Medical Journal, March, 1889, p. 267), read before the Kings County Medical Association, February 5, 1889:

"Throughout the discussion upon diphtheria, very little has been said of the use of the Peroxide of Hydrogen, or hydrogen dioxide; yet it is perhaps the most powerful of all disinfectants and antiseptics, acting both chemically and mechanically upon all excretions

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"Now, if diphtheria be at first a local disease, and be auto-infectious; that is, if it be propagated to the general organism by a contagious virus located about the tonsils, and if this virus be, as it really is, an albuminoid substance, it may and will be destroyed by this agent upon a sufficient and a sufficiently repeated contact. . . .

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WHAT shocking, bad work the dailies make of the "delicate surgical operation" reports. The latest describes the case of a woman, whose hand was burned, and the surgeon is said to have laid open the patient's breast and inserted the hand into the orifice, where the member lay until the skin had been reproduced. The reader may recognize, in this absurd description, a case of transplantation of skin of unusual interest; that will perhaps appear soon in the medical journals.

BLOOMSBURG, PA., August 15, 1890.

MESSRS. REED & CARNICK:

Following is an extract from an editorial in a recent number of THE TIMES AND REGISTER. In speaking of milk, the writer says it is "variable in composition; disease transmitting; liable to adulteration; prone to decomposition; apt to absorb disease; of the utmost difficulty to preserve; a culture ground for almost every known disease-germ; if there is a bad quality which a food can have, which may not be found in milk, the writer knows it not." All of which after an experience of thirty-six years, I believe to be true; and I will add, that if there is a better Infant Food (except the mother's milk) in the world than Reed & Carnick's Soluble Food and Lacto-Preparata, I have not heard of them. Respectfully,

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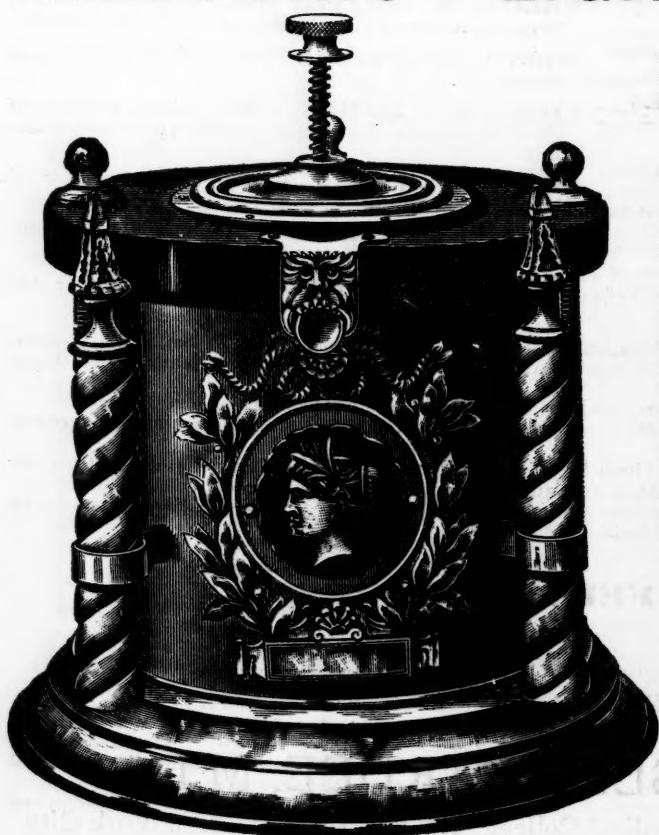
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The preparation of **ARISTOL**, theoretically simple, involves the greatest care and experience, and the word "ARISTOL" is the registered property of *The Farbenfabriken, vormals Friedr. Bayer & Co., in Elberfeld*. In order, therefore to secure the desired effect of **ARISTOL**, it is important that the physician be certain that the article used bears the name of these manufacturers, together with the name of W. H. SCHIEFFELIN & Co.

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PHENACETINE-BAYER is an ANTIPIRETIC and ANALGESIC, whose CERTAINTY OF ACTION and ABSOLUTE FREEDOM FROM TOXIC EFFECTS has won for it the unqualified approval of practitioners. **PHENACETINE-BAYER** is indicated in all ACUTE, INFLAMMATORY FEVERS. In TYPHOID FEVER it has given most satisfactory results, as in ALL of THE EXANTHEMATA.

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